

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90046 009 \*\*\*\*61.25

**DOCUMENT # N93000003475**



1. Entity Name  
**COCONUTS AT BONAVENTURE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business  
 %GABLES PROPERTY MANAGEMENT, INC.  
 3300 CORPORATE AVE., STE 110  
 WESTON, FL 33331

Mailing Address  
 %GABLES PROPERTY MANAGEMENT, INC.  
 3300 CORPORATE AVE., STE 110  
 WESTON, FL 33331

40054942



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01122005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0430072**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**RANDALL ROGER & ASSOCIATES**  
**112 ROSE DRIVE**  
**FORT LAUDERDALE, FL 33316**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	P	<input type="checkbox"/> Delete
NAME	BURNS, MIKE	
STREET ADDRESS	3300 CORPORATE AVE., #100	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARKS, JOY	
STREET ADDRESS	3300 CORPORATE AVE., #110	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DIFEDE, CHUCK	
STREET ADDRESS	3300 CORPORATE AVE., #110	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POPOVICH, THOMAS	
STREET ADDRESS	3300 CORPORATE AVE., #110	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHERMAN, PATTI	
STREET ADDRESS	3300 CORPORATE AVE., #110	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burns, Mike	
STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	Weston, FL 33331	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUNO, PENNY	
STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	Weston, FL 33331	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mike Burns **MIKE BURNS** President Date: 2-14-05 Daytime Phone #: 954) 298-8105