## 2006 NOT-FOR-PROFIT CORPORATION

## **FILED** Feb 20, 2006 8:00 am Secretary of State

02-20-2006 90042 017 \*\*\*\*61.25

DUUTUATU

## **ANNUAL REPORT**

DOCUMENT # N93000003475 COCONUTS AT BONAVENTURE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business %GABLES PROPERTY MANAGEMENT, INC. 3300 CORPORATE AVE., STF 110

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

WESTON, FL	33331	512 115	WESTON, FL 33331											
2. Principal Place of Business				3. Mailing Address										
do Gables Property Mant				do Gardes Property Mant				,						
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01202006	Cha-NF	,	CR2E0	37 (11/05	N	
1495 N. Park Dr.				1495 N. Park Dr.					Original		CINZEO	37 (11700	,	
City & State				City & State				4. FEI Number					Applied For	
Weston FL				Weston FL				65-0430072					Not Applicable	
Zip Country			l <u>_</u> '			untry		5. Certificate	of Status D	esired		\$8.75		
33326				33326 Br			d					Fee Requ	ired	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent							
RANDALL ROGER & ASSOCIATES 112 ROSE DRIVE FORT LAUDERDALE, FL 33316						Name  Street Address (P.O. Box Number is Not Acceptable)								
				City							FL	Zip C	ode	
	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	SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE													
,					Election Campaign Financing     Trust Fund Contribution.			\$5.00 May Be Added to Fees						
10. OFFICERS AND DIRECT				CTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10							
TITLE	P			☐ Delete	TITLE		Change [						e 🔲 Addition	
NAME	BURNS, N	MIKE			E				<i>&gt;</i> ~					
STREET ADDRESS	STREET ADDRESS 3300 CORPORATE AVE #110							195 N. PARK DR						
CITY-ST-ZIP	-ZIP WESTON, FL 33331			CITY-			WESTON FL 33326							
TITLE	VD			☐ Delete	TITLE							Chang	Addition	
NAME	MARKS, J	IOY			NAME	E	LISAL BOOK NO					, -		
STREET ADDRESS	3300 COF	RPORATE AVE., #110			ET ADDRESS	-       -								
CITY-ST-ZIP	WESTON, FL 33331				ST-ZIP	WESTON FL 33326								
TITLE	TD			Delete	TITLE		DIRE	ECTOR				☐ Chang	Addition	
NAME	DIFEDE,	CHUCK		•	NAME	:	ERIC	C ARIL	<u>L</u>	N .a				
STREET ADDRESS	3300 COF	RPORATE AVE., #110			STRE	ET ADORESS	140	75 No. 1	MARK	LOP	•			
CITY-ST-ZIP	WESTON	, FL 33331			CITY-	-ST-ZIP	WES	JON F	L 33	320	<b>6</b>			
TITLE	SD			☐ Detete	TITLE							Change	Addition	
NAME	POPOVIC	H, THOMAS			NAME	:		_				,		
STREET ADDRESS	3300 COF	RPORATE AV.E, #110			STREE	ET ADDRESS	149	5 N. P	'ARK	DR.	•			
CITY-ST-ZIP	WESTON	, FL 33331			CITY-	ST-ZIP	WES	STON 1	=L 3	832	ما			
TITLE	-8-			☐ Detete	TITLE		TRE	ASURE	2			Change	Addition	
NAME	BRUNO, F	PENNY			NAME	:						-		
STREET ADDRESS 3300 CORPORATE AVE #110				STREET ADDRES			140	5 N . P	ARIC	DR				
CITY-ST-ZIP WESTON, FL 33331				CITY-			11)69	195 N. PARIC DR. JESTON FL 33326						
TITLE				☐ Delete	TITLE							☐ Change	Addition	
NAME					NAME	:	•	•						
STREET ADDRESS	I				STREE	T ADDRESS								
	ł				0									

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 61). 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE ////