


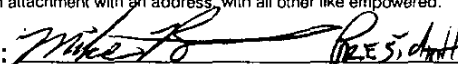
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90106 003 ****61.25

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DOCUMENT # N93000003475			
1. Entity Name COCONUTS AT BONAVENTURE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business %GABLES PROPERTY MANAGEMENT 1495 N PARK DR WESTON, FL 33326		Mailing Address %GABLES PROPERTY MANAGEMENT 1495 N PARK DR WESTON, FL 33326	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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: Randall K. Roger & Associates, Inc. Street Address (P.O. Box Number is Not Acceptable): 621 NW 53 St., # 300 City: Boca Raton FL Zip Code: 33487	
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: 		Randall K. Roger, Pres. Randall K. Roger Feb. 21, 2007 (NOTE: Registered Agent signature required when reinstating) & Assoc., P.A.	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 BURNS, MIKE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, MIKE	NAME	
STREET ADDRESS	1495 N PARK DR	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	
TITLE	VD MARKS, JOY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, JOY	NAME	
STREET ADDRESS	1495 N PARK DR	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	
TITLE	D ARILL, ERIC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARILL, ERIC	NAME	
STREET ADDRESS	1495 N PARK DR	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	
TITLE	SD POPOVICH, THOMAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPOVICH, THOMAS	NAME	
STREET ADDRESS	1495 N PARK DR	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	
TITLE	D BRUNO, PENNY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNO, PENNY	NAME	
STREET ADDRESS	1495 N PARK DR	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 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: 		Date: _____ Daytime Phone #: _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			