

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003475

FILED
Feb 21, 2009
Secretary of State

Entity Name: COCONUTS AT BONAVENTURE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% CASTLE MANAGEMENT, INC.
P.O. BOX 559009
PLANTATION, FL 333559009

New Principal Place of Business:

% CASTLE MANAGEMENT, INC.
12270 SW 3RD STREET
PLANTATION, FL 33325

Current Mailing Address:

% CASTLE MANAGEMENT, INC.
P.O. BOX 559009
PLANTATION, FL 333559009

New Mailing Address:

FEI Number: 65-0430072 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANDALL ROGER & ASSOCIATES
621 NW 53 ST., #300
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURNS, MIKE
Address: 1495 N PARK DR
City-St-Zip: WESTON, FL 33326

Title: VD () Delete
Name: MARKS, JOY
Address: 1495 N PARK DR
City-St-Zip: WESTON, FL 33326

Title: SD () Delete
Name: POPOVICH, THOMAS
Address: 1495 N PARK DR
City-St-Zip: WESTON, FL 33326

Title: D (X) Delete
Name: BRUNO, PENNY
Address: 1495 N PARK DR
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: BURNS, MIKE
Address: 74 SIMONTON CT
City-St-Zip: WESTON, FL 33326

Title: TD (X) Change () Addition
Name: MARKS, JOY
Address: 64 SIMONTON CT
City-St-Zip: WESTON, FL 33326

Title: SD (X) Change () Addition
Name: POPOVICH, THOMAS
Address: 72 SIMONTON CT
City-St-Zip: WESTON, FL 33326

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. DONNELLY

MGR

02/21/2009

Electronic Signature of Signing Officer or Director

_____ Date