

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N94000004900 (6)**

1. Corporation Name  
**417 COCONUT AVENUE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **2400 S. FEDERAL HWY., SUITE 320 STUART FL 34994**  
Mailing Address: **2400 S. FEDERAL HWY., SUITE 320 STUART FL 34994**

3. Date Incorporated or Qualified: **09/30/1994**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business  
21 **417 Coconut Ave**  
22 Suite, Apt. #, etc. **1**  
23 **Stuart FL**  
24 **34996** 25 **Martin**  
26 **417 Coconut Ave**  
27 **1**  
28 **Stuart, FL**  
29 **34996** 30 **Martin**

4. FEI Number: **65-0561654**  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**RIFKIN, AVRON C  
2400 S. FEDERAL HWY., SUITE 320  
STUART FL 34994**

10. Name and Address of New Registered Agent  
81 Name: **Charles T Simmons CPA**  
82 Street Address (P.O. Box Number is Not Acceptable): **417 Coconut Ave**  
83 **Ste 1**  
84 City: **Stuart FL** 85 Zip Code: **34996**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Charles T Simmons CPA* DATE: **6/11/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRADEN, PHILIP R</b>	12 NAME	
STREET ADDRESS	<b>317 E. OSCEOLA STREET</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL 34994</b>	14 CITY-ST-ZIP	
TITLE	<b>STD</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRADEN, EVELYN A</b>	22 NAME	
STREET ADDRESS	<b>317 E. OSCEOLA STREET</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL 34994</b>	24 CITY-ST-ZIP	
TITLE	<b>VD</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRADEN, DANIEL</b>	32 NAME	
STREET ADDRESS	<b>417 COCONUT AVENUE</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL 34996</b>	34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **6/11/96**

CR2E037 (12/95)