


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000004900

1. Entity Name
 417 COCONUT AVENUE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

417 COCONUT AVE SUITE 1 417 COCONUT AVE SUITE 1
 STUART, FL 34996 US STUART, FL 34996 US

DO NOT WRITE IN THIS SPACE



03022005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 65-0581654 Not Applicable

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

6. Name and Address of Current Registered Agent

SIMMONS, CHARLES T. CPA
 417 COCONUT AVE SUITE 1
 STUART, FL 34996

DO NOT WRITE IN THIS SPACE

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIMMONS, CHARLES T. 417 COCONUT AVE. STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TPD BRADEN, DANIEL 417 COCONUT AVENUE STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NAYLOR, RONALD 417 COCONUT AVE STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KONKUS, BETH 417 COCONUT AVE STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

REC-001257115
 03/09/05-60042-004 61.25

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: Charles Simmons 3/5/05 772.283.3552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #