


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 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



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0561654	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, COREY
 417 COCONUT AVE SUITE 1
 STUART, FL 34996

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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 re-registering)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

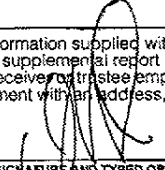
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, COREY 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	

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 01/11/07-80019-015 61.25

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:  **1/9/07** **772-283-3552**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #