


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N94000005952  
 1. Entity Name  
 COCONUT COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business      Mailing Address  
 16 COCONUT LANE                      16 COCONUT LANE  
 TEQUESTA, FL 33469                      TEQUESTA, FL 33469

**DO NOT WRITE IN THIS SPACE**



03012006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
 65-0543945      Not Applicable

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

6. Name and Address of Current Registered Agent  
 SHAMMAS, RICHARD  
 16 COCONUT LN  
 TEQUESTA, FL 33469

**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, 2006**

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	PD FISHER, JAY 36 COCONUT LANE TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STOV STRALEY, JOYCE 4 COCONUT LANE TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHAMMAS, RICHARD 16 COCONUT LANE JUPITER, FL 33469
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 03/16/06-80008-022 61.25

**DO NOT WRITE IN THIS SPACE**

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: Richard Shammass      Date: March 2, 2006      Daytime Phone #: 561-744-9360  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD SHAMMAS** (T)