

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2008  
Secretary of State**

DOCUMENT# N94000005952

Entity Name: COCONUT COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

16 COCONUT LANE  
TEQUESTA, FL 33469

**New Principal Place of Business:**

**Current Mailing Address:**

16 COCONUT LANE  
TEQUESTA, FL 33469

**New Mailing Address:**

FEI Number: 65-0543945      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHAMMAS, RICHARD  
16 COCONUT LN  
TEQUESTA, FL 33469      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: PD ( ) Delete  
Name: FISHER, JAY  
Address: 36 COCONUT LANE  
City-St-Zip: TEQUESTA, FL 33469

Title: STDV ( ) Delete  
Name: JANGAARD, LYNNE  
Address: 19536 RIVERSIDE DRIVE  
City-St-Zip: TEQUESTA, FL 33469

Title: T ( ) Delete  
Name: SHAMMAS, RICHARD  
Address: 16 COCONUT LANE  
City-St-Zip: JUPITER, FL 33469

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: STDV (X) Change ( ) Addition  
Name: BOYCE, BARRY  
Address: 20 COCONUT LANE  
City-St-Zip: TEQUESTA, FL 33469

Title: TRES (X) Change ( ) Addition  
Name: SHAMMAS, RICHARD  
Address: 16 COCONUT LANE  
City-St-Zip: JUPITER, FL 33469

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: RICHARD SHAMMAS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TRES

04/14/2008

\_\_\_\_\_  
Date