2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 28,
Secr

DOCUMENT # N97000000804

1. Entity Name
COCOGROVE VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2550 SOUTH DIXIE HIGHWAY COCONUT GROVE, FL 33133 US	2550 SOUTH DIXIE HIGHWAY COCONUT GROVE, FL 33133 US

DO NOT WRITE IN THIS SPACE

02232005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0918359
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARBOLEYA, CARLOS J
2550 SOUTH DIXIE HIGHWAY
COCONUT GROVE, FL 33133

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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 _____ 2/24/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PD
NAME	ARBOLEYA JR, CARLOS
STREET ADDRESS	2550 S DIXIE HWY
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D
NAME	PISANO, NICOLAS
STREET ADDRESS	3074 BIRD AVENUE
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D
NAME	WILLS, SYLVIA
STREET ADDRESS	3074 BIRD AVENUE
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D
NAME	SIERKE, NATALIA
STREET ADDRESS	3080 BIRD AVENUE
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	SD
NAME	MELODEE, FISH
STREET ADDRESS	3078 BIRD AVENUE
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000296173
02/25/05 #305 #020 $1.25

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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: _____ ARBOLEYA 2/24/05 305-858-0076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #