2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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
65-0561654		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 _____
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	TD	
NAME	SIMMONS, CHARLES T.	
STREET ADDRESS	417 COCONUT AVE.	
CITY-ST-ZIP	STUART, FL	
TITLE	TPD	
NAME	BRADEN, DANIEL	
STREET ADDRESS	417 COCONUT AVENUE	
CITY-ST-ZIP	STUART, FL	
TITLE	VPD	
NAME	NAYLOR, RONALD	
STREET ADDRESS	417 COCONUT AVE	
CITY-ST-ZIP	STUART, FL	
TITLE	SD	
NAME	KONKUS, BETH	
STREET ADDRESS	417 COCONUT AVE	
CITY-ST-ZIP	STUART, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

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