

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 06, 2005  
Secretary of State**

DOCUMENT# N00000007249

**Entity Name:** CENTER COCOANUT GROVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2918 CENTER STREET  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2918 CENTER STREET  
COCONUT GROVE, FL 33133

**New Mailing Address:**

FEI Number: 65-1093872      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LOZMAN, PHILIP R  
2918 CENTER STREET  
MIAMI, FL 33133 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: D            ( ) Delete  
Name: LOZMAN, PHILIP R  
Address: 2918 CENTER STREET  
City-St-Zip: MIAMI, FL 33133

Title: D            ( ) Delete  
Name: RABONGO, PHYLLIS  
Address: 2916 CENTER STREET  
City-St-Zip: MIAMI, FL 33133

Title: D            ( ) Delete  
Name: RABONGO, COLLINS  
Address: 2916 CENTER STREET  
City-St-Zip: MIAMI, FL 33133

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PHILIP LOZMAN

D

04/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date