

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007303

FILED
Jul 13, 2005
Secretary of State

Entity Name: COCONUT GROVE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2150 PALM HARBOR BOULEVARD
PALM HARBOR, FL 34683

New Principal Place of Business:

2134 PALM HARBOR BOULEVARD
STE B
PALM HARBOR, FL 34683

Current Mailing Address:

PO BOX 612
PALM HARBOR, FL 34682

New Mailing Address:

FEI Number: 81-0605993 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAVALARIS, MICHAEL
PO BOX 612
PALM HARBOR, FL 34682 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: PSTD () Delete
Name: CAVALARIS, MICHAEL
Address: PO BOX 612
City-St-Zip: PALM HARBOR, FL 34682

Title: D () Delete
Name: CAVALARIS, MICHELLE
Address: PO BOX 612
City-St-Zip: PALM HARBOR, FL 34682

Title: D () Delete
Name: CAVALARIS, LAINIE
Address: PO BOX 612
City-St-Zip: PALM HARBOR, FL 34682

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: MICHAEL CAVALARIS

PSTD

07/13/2005

Electronic Signature of Signing Officer or Director

Date