


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90160 001 \*2,266.25

<b>DOCUMENT # N04000005759</b> 1. Entity Name <b>COCONUT CAY HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business 1245 S MILITARY TRAIL SUITE 100 DEERFIELD BCH, FL 33442			Mailing Address 1245 S MILITARY TRAIL SUITE 100 DEERFIELD BCH, FL 33442		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>55-0878341</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RODRIGUEZ, JUAN E 80 SW 8 ST STE 2550 MIAMI, FL 33130				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUMPHRIES, MICHAEL 1245 S MILITARY TRAIL, STE 100 DEERFIELD BCH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRANDY, DAVID 1245 MILITARY TRAIL, SUITE 100 DEERFIELD BEACH, FL 33442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROCA, RAFAEL 1245 S MILITARY TRAIL, STE 100 DEERFIELD BCH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PAPADIMITRIOU, AMALIA 1245 S MILITARY TRAIL, STE 100 DEERFIELD BCH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALBERTSON, KARL 1245 S MILITARY TRAIL, STE 100 DEERFIELD BCH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/4/08 954-949-3000 <small>Date Daytime Phone #</small>		