

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Aug 28, 2003 8:00 am**  
**Secretary of State**

08-28-2003 90069 045 \*\*\*\*61.25

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**DOCUMENT # N00000007249**

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



Principal Place of Business  
**2761 W. TRADE AVE.  
COCONUT GROVE FL 33133**

Mailing Address  
**2761 W. TRADE AVE.  
COCONUT GROVE FL 33133**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1093872** Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**LUIS, MICHAEL A  
2761 W. TRADE AVE.  
COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent  
Name **Melinda Clark**  
Street Address (P.O. Box Number is Not Acceptable) **2918 Center St.**  
City **Miami** FL **33133**

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 *Melinda Clark* DATE **8/23/03**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LUIS, MICHAEL A</b>	
STREET ADDRESS	<b>2761 W. TRADE AVE.</b>	
CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MICALI, JOHN S</b>	
STREET ADDRESS	<b>13301 SW 124TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DURET, JEAN L</b>	
STREET ADDRESS	<b>13301 SW 124TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Melinda Clark</b>	
STREET ADDRESS	<b>2918 Center St.</b>	
CITY-ST-ZIP	<b>Miami, FL 33133</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>John Clark</b>	
STREET ADDRESS	<b>2918 Center St.</b>	
CITY-ST-ZIP	<b>Miami, FL 33133</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Phyllis Rabongo</b>	
STREET ADDRESS	<b>2916 Center St.</b>	
CITY-ST-ZIP	<b>Miami, FL 33133</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Collins Rabongo</b>	
STREET ADDRESS	<b>2916 Center St.</b>	
CITY-ST-ZIP	<b>Miami, FL 33133</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Melinda Clark* DATE: **8/23/03** DAYTIME PHONE #: **305 446-1929**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CR2E037 (4/03)