

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762619

**Entity Name:** COMMUNITY OFFICERS ASSOCIATION OF SINGER ISLAND, INC.**FILED**  
**Apr 11, 2018**  
**Secretary of State**  
**CC0453570609****Current Principal Place of Business:**4100 NORTH OCEAN DRIVE, #501  
SINGER ISLAND, FL 33404**Current Mailing Address:**4100 NORTH OCEAN DRIVE, #501  
SINGER ISLAND, FL 33404 US**FEI Number: 65-0044011****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SLOSER, MICHAEL E  
4100 NORTH OCEAN DRIVE, #501  
SINGER ISLAND, FL 33404 US*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**Officer/Director Detail :**

Title	PD
Name	SLOSER, MICHAEL E
Address	4100 NORTH OCEAN DRIVE, #501
City-State-Zip:	SINGER ISLAND FL 33404

Title	VP
Name	CONTOLE, WILLIAM ESQ.
Address	1030 GRAND BAHAMA LN
City-State-Zip:	SINGER ISLAND FL 33404

Title	S
Name	FRAUENHEIM, SANDRA
Address	2800 NORTH OCEAN DRIVE - #B10 A
City-State-Zip:	SINGER ISLAND FL 33404

Title	SECRETARY
Name	MURPHY DOHN, PATTI
Address	1030 SUGAR SANDS BLVD 171
City-State-Zip:	RIVIERA BEACH FL 33404

Title	TREASURER
Name	MCGAHRAN, KATHLEEN
Address	125 S OCEAN AVE 802
City-State-Zip:	PALM BEACH SHORES FL 33404

*I hereby 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 all other like empowered.*

**SIGNATURE: MICHAEL SLOSER****PRESIDENT****04/11/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date