

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005069

**FILED**  
**Jan 11, 2022**  
**Secretary of State**  
**2442875694CC**

**Entity Name:** COCO CAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O DAVENPORT PROPERTY MGMT  
6620 LAKE WORTH RD. SUITE F  
LAKE WORTH, FL 33467

**Current Mailing Address:**

C/O DAVENPORT PROPERTY MGMT  
6620 LAKE WORTH RD. SUITE F  
LAKE WORTH, FL 33467 US

**FEI Number:** 20-2897962

**Certificate of Status Desired:** No

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

SACHS SAX CAPLAN  
6111 BROKEN SOUND PKWY, NW  
SUITE 200  
BOCA RATON, FL 33487 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:** SACHS

01/11/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MICELI, KATHLEEN  
Address        C/O DAVENPORT PROPERTY MGMT  
                  6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            RYAN, DIANA  
Address        C/O DAVENPORT PROPERTY MGMT  
                  6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title            VP  
Name            GILL, EDUARDO  
Address        C/O DAVENPORT PROPERTY MGMT  
                  6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            BARE, SABRINA  
Address        C/O DAVENPORT PROPERTY MGMT  
                  6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title            TREASURER  
Name            RUSSO-PECONIS, CHRISTINA  
Address        C/O DAVENPORT PROPERTY MGMT  
                  6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title            SECRETARY  
Name            LI, MEI  
Address        C/O DAVENPORT PROPERTY MGMT  
                  6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

*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:** KATHLEEN MICELI

**PRESIDENT**

01/11/2022

Electronic Signature of Signing Officer/Director Detail

Date