

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003475

**FILED**  
**Mar 21, 2014**  
**Secretary of State**  
**CC5603750667**

**Entity Name:** COCONUTS AT BONAVENTURE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

% CASTLE MANAGEMENT, INC.  
12270 SW 3RD STREET  
PLANTATION, FL 33325

**Current Mailing Address:**

% CASTLE MANAGEMENT, INC.  
P.O. BOX 559009  
PLANTATION, FL 33355-9009

**FEI Number: 65-0430072**

**Certificate of Status Desired: No**

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

KATZMAN GARFINKEL & BERGER  
5297 W. COPANS RD.  
MARGATE, FL 33063 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 BURNS, MIKE  
Address 74 SIMONTON CT  
City-State-Zip: WESTON FL 33326

Title SD  
Name POPPOVICH, THOMAS  
Address 72 SIMONTON CT  
City-State-Zip: WESTON FL 33326

Title TD  
Name MARKS, JOY  
Address 64 SIMONTON CIRCLE  
City-State-Zip: WESTON FL 33326

Title VP  
Name SPICER, ALLISON  
Address 76 SIMONTON CIRCLE  
City-State-Zip: WESTON FL 33326

Title D  
Name LLOYD, RODGER  
Address HEMINGWAY DRIVE  
City-State-Zip: WESTON FL 33326

*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: MIKE BURNS**

**PRESIDENT**

**03/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date