2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# 725141

Entity Name: COCONUT GROVE APARTMENT CONDOMINIUM ASSOCIATION INC

Current Principal Place of Business:

800 CRANDON BLVD
102
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

P..O. BOXC 490720
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 59-1888623 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MICHELE & ASSOCIATES
800 CRANDON BLVD #102
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SUSANA, TAPIA
Address: 266 TIGER TAIL AVE #214
City-St-Zip: MIAMI, FL 33133

Title: T ( ) Delete
Name: MARIELLE, LORENZ
Address: 2666 TIGER TAIL
City-St-Zip: MIAMI, FL 33133

Title: VP ( ) Delete
Name: CHAZEN, ELINOR
Address: 2666 TIGERTAIL AVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: S ( ) Delete
Name: LAGOMASINO, LAURA
Address: 2666 TIGERTAIL AVE
City-St-Zip: MIAMI, FL 33133

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SUSANA, TAPIA
Address: 2666 TIGER TAIL AVE #214
City-St-Zip: MIAMI, FL 33133

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: LAURA, LAGOMASINO
Address: 2666 TIGERTAIL AVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: S (X) Change ( ) Addition
Name: KATZ, JULIE
Address: 2666 TIGERTAIL AVE
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Change (X) Addition
Name: HENRIQUZ, CHRISTIAN
Address: 2666 TIGERTAIL AVE
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSANA TAPIA P 04/23/2007

Electronic Signature of Signing Officer or Director — Date