

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728263

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** COCONUTS CONDOMINIUM OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

100-73RD ST.  
HOLMES BEACH, FL 34217

**New Principal Place of Business:**

**Current Mailing Address:**

100-73RD ST.  
HOLMES BEACH, FL 34217

**New Mailing Address:**

**FEI Number:** 59-1882313

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KALUZYNY, FLORENCE  
1610 REYNOLDS RD, #286  
LAKELAND, FL 33801 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: RAUSCHL, DENNIS  
Address: 100 73RD ST  
City-St-Zip: HOLMES BEACH, FL 34217

Title: VP ( ) Delete  
Name: KSIAZEK, ADAM  
Address: 100 73RD ST  
City-St-Zip: HOLMES BCH, FL 34217

Title: S ( ) Delete  
Name: GOOD, ROBERT  
Address: 100 73RD ST  
City-St-Zip: HOLMES BCH, FL 34217

Title: D ( ) Delete  
Name: MCCONNELL, PHILLIP  
Address: 100 73RD ST  
City-St-Zip: HOLMES BCH, FL 34217

Title: T ( ) Delete  
Name: GALBREATH, ROBERT  
Address: 100 73RD ST  
City-St-Zip: HOLMES BCH, FL 34217

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ADAM KSIAZEK

VP

03/26/2009

Electronic Signature of Signing Officer or Director

Date