


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90240 022 ****61.25

DOCUMENT # 729668					
1. Entity Name THE DRIFTWOOD VILLAS OF COCOA BEACH ASSOCIATION, INC.					
Principal Place of Business 4600 OCEAN BEACH BLVD. SUITE 110 COCOA BEACH, FL 32931 US			Mailing Address 200 N. FIRST ST COCOA BEACH, FL 32931 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent GORDON, JASON M 103 NORTH ATLANTIC AVENUE COCOA BEACH, FL 32931				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE SD NAME WEST, PAM STREET ADDRESS 4600 OCEAN BCH BLVD CITY-ST-ZIP COCOA BEACH, FL 32953	<input checked="" type="checkbox"/> Delete		TITLE DP NAME Charlotte Ersek STREET ADDRESS 4600 Ocean Beach Blvd. CITY-ST-ZIP Cocoa Beach FL 32931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DP NAME VAUGHN, GLENN STREET ADDRESS 4600 OCEAN BEACH BLVD CITY-ST-ZIP COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete		TITLE DVP NAME Joyce Hoyt STREET ADDRESS 4600 Ocean Beach Blvd CITY-ST-ZIP Cocoa Beach FL 32931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DP NAME LEPEZYK, JERRY STREET ADDRESS 4100 OCEAN BCH BLVD CITY-ST-ZIP COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete		TITLE DT NAME Gary Burnes STREET ADDRESS 4600 Ocean Beach Blvd CITY-ST-ZIP Cocoa Beach FL 32931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME MCARDLE, THOMAS STREET ADDRESS 4600 OCEAN BCH BLVD 301 CITY-ST-ZIP COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete		TITLE DS NAME Thomas Hohorst STREET ADDRESS 4600 Ocean Beach Blvd CITY-ST-ZIP Cocoa Beach FL 32931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME DICKSON, TOM STREET ADDRESS 1750 COMMODORE BLVD CITY-ST-ZIP COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Charlotte Ersek</u> <u>Charlotte Ersek 4-6-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					