


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90422 013 ****61.25

DOCUMENT # 731172	
1. Entity Name COCONUT MEWS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 3170 MARY ST COCONUT GROVE FL 33133 US	Mailing Address PO BOX 330915 COCONUT GROVE FL 33233 US
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2. Principal Place of Business 3158---3176 MARY ST.	3. Mailing Address P.O. BOX 331387
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State COCONUT GROVE FL	City & State COCONUT GROVE FL
Zip 33133	Zip 33233
Country US	Country US

4. FEI Number 59-1671466	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BECKER & POLIAKOFF PA 5201 BLUE LAGOON DRIVE MIAMI FL 33126	
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7. Name and Address of New Registered Agent Name BECKER & POLIAKOFF, PA Street Address (P.O. Box Number is Not Acceptable) 121 ALHAMBRA PLAZA, 10th FLOOR City CORAL GABLES FL Zip Code 33134	
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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.

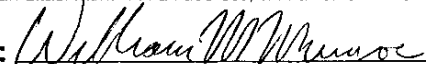
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BIRNIE, BILLY F 3170 MARY ST COCONUT GROVE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BIRNIE, RICHARD S 3170 MARY ST COCONUT GROVE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LARA, PETER A 3168 MARY STREET MIAMI FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FISCH, CHERI 3160 MARY STREET MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MUNROE, WILLIAM M 3164 MARY STREET COCONUT GROVE FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETER HATCH 3162 MARY ST. COCONUT GROVE, FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST IRENE MUNROE 3164 MARY ST. COCONUT GROVE, FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **WILLIAM M. MUNROE** 4/11/06 305-441-1085