

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731172

FILED
Jan 14, 2009
Secretary of State

Entity Name: COCONUT MEWS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3158 - 3176 MARY ST.
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

C/O LMM, INC
P.O. BOX 330971
COCONUT, FL 33233 US

New Mailing Address:

C/O LMM, INC
P.O. BOX 330971
MIAMI, FL 33133 US

FEI Number: 59-1671466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF PA
121 ALHAMBRA PLAZA
10TH FLOOR
CORAL GABLES, FL 33134 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: D () Delete
Name: MUNROE, WILLIAM
Address: 3164 MARY ST
City-St-Zip: COCONUT GROVE, FL 33133

Title: ST () Delete
Name: MUNROE, IRENE
Address: 3164 MARY ST
City-St-Zip: COCONUT GROVE, FL 33133

Title: VP () Delete
Name: LARA, PETER A
Address: 3168 MARY STREET
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: FISCH, CHERI
Address: 3160 MARY STREET
City-St-Zip: COCONUT GROVE, FL 33133

Title: P () Delete
Name: MYERS, NANCY
Address: 3166 MARY STREET
City-St-Zip: COCONUT GROVE, FL 33133

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: MELANIE ONDRUSKA

MGR

01/14/2009

Electronic Signature of Signing Officer or Director

Date