

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Oct 14, 2009
Secretary of State**

DOCUMENT# 741862

Entity Name: COCO WOOD CONDOMINIUM INC.

Current Principal Place of Business:661-665 N.E. 195TH ST.
NORTH MIAMI BEACH, FL 33179 US**New Principal Place of Business:****Current Mailing Address:**12301 SW 132 CT
MIAMI, FL 33186 US**New Mailing Address:**

FEI Number: 59-1855934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:ZIFRONY, MATTHEW ESQ
C/O TRIPP SCOTT PA
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301 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: GOMEZ, OSVALDO
Address: 661 NE 195 STREET #409
City-St-Zip: N. MIAMI BEACH, FL 33179Title: TD () Delete
Name: KINGSBERG, CYNTHIA
Address: 661 NE 195 ST # 308
City-St-Zip: MIAMI, FL 33179 USTitle: SD () Delete
Name: KAFFEE, BEATRICE
Address: 661 NE 195 ST # 410
City-St-Zip: MIAMI, FL 33179 USTitle: VD () Delete
Name: KORMAN, RITA
Address: 665 NE 195 ST # 127
City-St-Zip: MIAMI, FL 33179Title: PD () Delete
Name: SKINNER, MAWIYAH
Address: 661 NE 195 ST # 103
City-St-Zip: MIAMI, FL 33179 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: VPD (X) Change () Addition
Name: GOMEZ, OSVALDO
Address: 661 NE 195 STREET #409
City-St-Zip: N. MIAMI BEACH, FL 33179Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: PD (X) Change () Addition
Name: KORMAN, RITA
Address: 665 NE 195 ST # 127
City-St-Zip: MIAMI, FL 33179Title: D (X) Change () Addition
Name: SKINNER, MAWIYAH
Address: 661 NE 195 ST # 103
City-St-Zip: MIAMI, FL 33179 US

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: RITA KORMAN

PD

10/14/2009

Electronic Signature of Signing Officer or Director_____
Date