

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 749354

1. Entity Name
COCO-DE-MER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**100 E LINTON BLVD
205A
DELRAY BEACH, FL 33483 US**

Mailing Address
**100 E LINTON BLVD
205A
DELRAY BEACH, FL 33483 US**



01052006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OBRIEN, JAMES M
100 E LINTON BLVD
205A
DELRAY BEACH, FL 33483**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **LISUS, ERIC**
STREET ADDRESS **4307 S OCEAN BLVD UNIT 101**
CITY-ST-ZIP **HIGHLAND BEACH, FL 33487**

TITLE **S**
NAME **LISUS, EDNA**
STREET ADDRESS **4307 S OCEAN BLVD UNIT 101**
CITY-ST-ZIP **HIGHLAND BEACH, FL 33487**

TITLE **D**
NAME **MARAJ, DAVID**
STREET ADDRESS **4307 S OCEAN BLVD UNIT 201**
CITY-ST-ZIP **HIGHLAND BEACH, FL 33487**

TITLE **T**
NAME **HALLBERG, DIANE**
STREET ADDRESS **4307 S OCEAN BLVD UNIT 202**
CITY-ST-ZIP **HIGHLAND BEACH, FL 33487**

TITLE **V**
NAME **RICK JONES**
STREET ADDRESS **4307 S OCEAN BLVD UNIT 102**
CITY-ST-ZIP **HIGHLAND BEACH, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000420414
02/15/06-80055-020 61.25

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31 '06 361 276-
Date Daytime Phone #