


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 749354</b> 1. Entity Name COCO-DE-MER CONDOMINIUM ASSOCIATION, INC.	
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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
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01042008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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

*James M. Obrien*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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	

**DO NOT WRITE  
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

*January 25, 2008*

Date

Daytime Phone #

*(561) 276-0248*