

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756622

FILED
Apr 08, 2008
Secretary of State

Entity Name: COCONUT BAY RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

919 NORTH BIRCH ROAD
FT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

919 NORTH BIRCH ROAD
FT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 59-2221978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAIN, DAVID
919 N BIRCH ROAD
FORT LAUDERDALE, FL 33304 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: PD () Delete
Name: RABOLD, JAMES,
Address: 11 STORM STREET
City-St-Zip: STROUDSBURG, PA

Title: D () Delete
Name: HUGHES, ALEXANDER
Address: 9 CUDIA CRESENT
City-St-Zip: SCARBOROUGH ONTARIO, CA

Title: D () Delete
Name: GEISLER, ROBERT,
Address: 1472 SW 97TH LANE
City-St-Zip: DAVIE, FL

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:

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: JAMES RABOLD

P/D

04/08/2008

Electronic Signature of Signing Officer or Director

Date