


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90096 003 ****61.25


DOCUMENT # 757121 1. Entity Name COCONUT PALM CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 5280 LAS VERDES CIRCLE, SUITE #350 DELRAY BEACH, FL 33484	Mailing Address 6401 CONGRESS AVE SUITE 140 BOCA RATON, FL 33487 US
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DO NOT WRITE IN THIS SPACE

BY: 14

40076524



04162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2588584	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LIPPMAN, KAREN
6401 CONGRESS AVE
SUITE 140
BOCA RATON, FL 33487

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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 reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSE, RONALD 5280 LAS VERDES CIR #109 DELRAY BCH., FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDMAN, ROBERT <i>Phyllis</i> 5280 LAS VERDAS CIR #104 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MELLORE, THOMAS <i>Tim Post</i> 5280 LAS VERDAS CIR #100 DELRAY BCH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODKO, THELMA 5280 LAS VERDAS CIR #217 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IRWIN, GERBER 5280 LAS VERDES CIR., 301 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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

4/19/07 561-499-4525
Date Daytime Phone #