


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90097 012 \*\*\*\*61.25

<b>DOCUMENT # 757121</b>	
1. Entity Name <b>COCONUT PALM CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>5280 LAS VERDES CIRCLE, SUITE #350 DELRAY BEACH, FL 33484</b>	Mailing Address <b>6401 CONGRESS AVE SUITE 140 BOCA RATON, FL 33487 US</b>
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BY: 5077  
**40079265**



2. Principal Place of Business - No P.O. Box # <b>600 S. Rogers Circle</b>	3. Mailing Address <b>600 S Rogers Circle</b>
Suite, Apt. #, etc. <b>Ste # 3</b>	Suite, Apt. #, etc. <b>Ste 3</b>
City & State <b>Boca Raton FL</b>	City & State <b>Boca Raton FL</b>
Zip <b>33487</b>	Country <b>33487</b>

04152008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2588584</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LIPPMAN, KAREN 6401 CONGRESS AVE SUITE 140 BOCA RATON, FL 33487</b>	7. Name and Address of New Registered Agent Name <b>Karen Lippman</b> Street Address (P.O. Box Number is Not Acceptable) <b>600 S. Rogers Circle #3</b> City <b>Boca Raton</b> FL Zip Code <b>33487</b>
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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 <u>Karen Lippman</u> DATE <u>4/15/08</u>
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<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME ROSE, RONALD STREET ADDRESS 5280 LAS VERDES CIR #109 CITY-ST-ZIP DELRAY BCH., FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME GOLDMAN, PHYLLIS STREET ADDRESS 5280 LAS VERDES CIR #104 CITY-ST-ZIP DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME POST, TIM STREET ADDRESS 5280 LAS VERDES CIR #110 CITY-ST-ZIP DELRAY BCH, FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Post, Tim 5280 Las Verdes Circle #110 Delray Beach FL 33484</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME RODKO, THELMA STREET ADDRESS 5280 LAS VERDES CIR #217 CITY-ST-ZIP DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME IRWIN, GERBER STREET ADDRESS 5280 LAS VERDES CIR., 301 CITY-ST-ZIP DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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: <u>[Signature]</u> <b>President</b> DATE <u>4/21/08</u>	