

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766462

FILED
Mar 03, 2009
Secretary of State

Entity Name: COLLEGE OAKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

COLLEGE OAKS COND.
101
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1204
COCOA, FL 32922

New Mailing Address:

FEI Number: 59-2363092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILBERT, JOHN
1800 UNV LANE STE 101
COCOA, FL 32922 US

Name and Address of New Registered Agent:

GILBERTI, JOHN
1800 UNV LANE STE 101
COCOA, FL 32922 US

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: JOHN GILBERTI

03/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHN, GILBERTI
Address: 1800 UNIVERSITY LANE 101
City-St-Zip: COCOA, FL 32922

Title: PD () Delete
Name: GILBETTI, JOHN
Address: 1800 UNIVERSITY LANE 101
City-St-Zip: COCOA, FL 32922

Title: VTD () Delete
Name: HUGHES, FRED K
Address: 1800 UNIVERSITY LANE # 103
City-St-Zip: COCOA, FL 32922

Title: VTD () Delete
Name: HUDSON, JAMES
Address: 1800 UNIVERSITY LANE 106
City-St-Zip: COCOA, FL 32922

Title: SD () Delete
Name: KANE, ELIZABETH
Address: 1800 UNV LANE STE 102
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: GILBERTI, JOHN
Address: 1800 UNIVERSITY LANE 101
City-St-Zip: COCOA, FL 32922

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: JOHN GILBERTI

PD

03/03/2009

Electronic Signature of Signing Officer or Director

Date