

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766462

FILED  
Jan 09, 2012  
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:**

1800 UNIVERSITY LANE  
# 101  
COCOA, FL 32922

**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:**

GILBERTI, JOHN  
1800 UNV LANE STE 101  
COCOA, FL 32922 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  
Name: JOHN, GILBERTI  
Address: 1800 UNIVERSITY LANE 101  
City-St-Zip: COCOA, FL 32922

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

Title: VD  
Name: HUDSON, JAMES  
Address: 1800 UNIVERSITY LANE 106  
City-St-Zip: COCOA, FL 32922

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN GILBERTI

P

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date