

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766661

FILED
Apr 20, 2009
Secretary of State

Entity Name: COCO WOOD LAKES APPLIANCE SERVICES INC.

Current Principal Place of Business:

14656 COUNTRY SIDE LANE
DELRAY BCH., FL 33484

New Principal Place of Business:

14944 SUNNYVIEW LANE
DELRAY BCH., FL 33484

Current Mailing Address:

14656 COUNTRY SIDE LANE
DELRAY BCH., FL 33484

New Mailing Address:

14944 SUNNYVIEW LANE
DELRAY BCH., FL 33484

FEI Number: 59-2252592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALZWAS, ALBERT
14656 COUNTRY SIDE LN.
DELRAY BCH., FL 33484 US

Name and Address of New Registered Agent:

SHIMKIN, LOUIS
14944 SUNNYVIEW LANE
DELRAY BCH., FL 33484 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: LOUIS SHIMKIN

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FRIEDMAN, SEYMOUR
Address: 6334 HITCHIN POST WAY
City-St-Zip: DELRAY BCH., FL

Title: D () Delete
Name: ROTH, MEL
Address: 6362 SAGEWOOD WAY
City-St-Zip: DELRAY BCH., FL

Title: D () Delete
Name: FILIPPELLI, BRUNO
Address: 6391 SAGEWOOD WAY
City-St-Zip: DELRAY BCH., FL

Title: TD () Delete
Name: SALZWAS, ALBERT
Address: 14656 COUNTRY SIDE LN
City-St-Zip: DELRAY BEACH, FL

Title: S () Delete
Name: MAIER, JOSEPH
Address: 6376 SAGEWOOD WAY
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: FARRIELLA, FRANK
Address: 14816 COUNTRY LANE
City-St-Zip: DELRAY BEACH, FL 33484

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:

Title: T (X) Change () Addition
Name: SHIMKIN, LOUIS
Address: 14944 SUNNYVIEW LANE
City-St-Zip: DELRAY BEACH, FL 33484

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: LOUIS SHIMKIN

T

04/20/2009

Electronic Signature of Signing Officer or Director

Date