2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 12, 2007 8:00 am
Secretary of State
01-16-2007 90213 016 ****70.00

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01042007 Chg-NP CR2E037 (12/06)

DOCUMENT # N00000006472

1. Entity Name
COCOWALK ESTATES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O HARBOR MANAGEMENT 15600 SW 288 ST # 406 HOMESTEAD, FL 33033	P.O. BOX 924176 HOMESTEAD, FL 33092

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1159121 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOODMAN-GUENTHER, JOYCE ESQ 10723 SW 104 STREET MIAMI, FL 33176	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NAFTAL, GERALD 220 SE 12TH AVENUE, LOT 127 HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gerald Naftal 15600 SW 288 St # 406 Homestead, FL 33033 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCKNIGHT, TONI 220 NE 12 AVE LOT 193 HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Toni Mcknight 15600 SW 288 St #406 Homestead, FL 33033 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD AROCHA, TAMMY 220 NE 12 AVE LOT 124 HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD AROCHA, TAMRA 15600 SW 288 St, #406 Homestead, FL 33033 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WITHERSPOON, PAUL 220 NE 12 AVE HOMESTEAD, FL 33030	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert Hobben 15600 SW 288 St #406 Homestead, FL 33033 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALTERMAN, STEVE 220 NE 12 AVE HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Steve Alterman 15600 SW 288 St #406 Homestead, FL 33033 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 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: _____ 1.9.07 305.246.5867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #