


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90092 027 ****70.00

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|---|---|---|---|---|--|
| DOCUMENT # N00000006472 | | | |  | |
| 1. Entity Name COCOWALK ESTATES HOMEOWNER'S ASSOCIATION, INC. | | | | | |
| Principal Place of Business C/O HARBOR MANAGEMENT 15600 SW 288 ST # 406 HOMESTEAD, FL 33033 | | | Mailing Address 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 | | 4. FEI Number 65-1159121 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GOODMAN-GUENTHER, JOYCE ESQ 10723 SW 104 STREET MIAMI, FL 33176 | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing <input type="checkbox"/> \$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 15600 SW 288 ST #406 HOMESTEAD, FL 33030 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MCKNIGHT, TONI 15600 SW 288 ST #406 HOMESTEAD, FL 33030 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD AROCHE, TAMMY 15600 SW 288 ST #406 HOMESTEAD, FL 33030 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HABBen, ROBERT 15600 SW 288 ST #406 HOMESTEAD, FL 33030 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALTERMAN, STEVE 15600 SW 288 ST #406 HOMESTEAD, FL 33030 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CINTRON, LUIS 15600 SW 288 ST #406 HOMESTEAD, FL 33030 | <input type="checkbox"/> Delete | | | |
| 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. | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD HABBen, ROBERT 15600 SW 288 ST #406 HOMESTEAD, FL 33030 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| SIGNATURE: _____ | | | 1-9-08 305-246-5867 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

40002830



01032008 Chg-NP CR2E037 (12/06)