## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 29, 2008 8:00 am **Secretary of State**

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1. Entity Name COCONUT KEY PROPERTY OWNERS ASSOCIATION. Principal Place of Business Mailing Address C/O QUANITY MGMT C/O QUANITY MGMT PO BOX 970878 PO BOX 970878 BOCA RATON, FL 33497 BOCA RATON, FL 33497 2. Principal Place of Business - No P.O. Box # 3. Mailing Addre<u>ss</u> 9045 La Tontana Blvd 99 Coconut Key Ln Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 Chg-NP CR2E037 (12/06) Suite 101 4. FEI Number 65-1083572 City & State City & State Applied For Florida Boca Ration Delrav Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHNEID, DAVID 6901 SW 18TH ST Street Address (P.O. Box Number is Not Acceptable) **SUITE E-105** BOCA RATON, FL 33433 Zip Code FI 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) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Addition CORNELL, DARYL NAME NAME 145 COCONUT KEY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition ABELSON, WARREN NAME NAME 115 COCONUT KEY LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP Addition Change TITLE TITLE Delete LANCE WOOUS TRIBIOLI: MARIO NAME NAME 161 coceant Key STREET ADDRESS 424 COCONUT KEY LANE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL. 33484 CITY-ST-ZIP Beach , Florida 33484 ٧Þ ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME EISENBERG, NANCY NAME 134 COCONUT KEY LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP ☐ Addition Delete Change TITLE TITLE NAME DOWNER, MIKE NAME STREET ADDRESS 167 COCONUT KEY LN STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME

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 purcustee impowered 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 w

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #