

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001570

FILED
Apr 30, 2009
Secretary of State

Entity Name: COCONUT GROVE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

4277 EXCHANGE AVENUE
SUITE 3
NAPLES, FL 34104

New Principal Place of Business:

63 THORNCREST LANE
NAPLES, FL 34113

Current Mailing Address:

P.O. BOX 551
NAPLES, FL 341060551

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHILDS, DONALD G
983 N COLLIER BLVD
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

OLAH, EDWARD
63 THORNCREST LANE
NAPLES, FL 34113 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: EDWARD OLAH

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DELAPA, ANTHONY F
Address: 66 OAK STREET, PO BOX 244
City-St-Zip: WESTWOOD, MA 02090

Title: V () Delete
Name: DELAPA, JOSPEH A
Address: 25 ROCKLAND STREET
City-St-Zip: W ROCKLAND, FL 02132

Title: ST () Delete
Name: OLAH, EDWARD L
Address: PO BOX 551
City-St-Zip: NAPLES, FL 34106

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:

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: EDWARD OLAH

ST

04/30/2009

Electronic Signature of Signing Officer or Director

Date