

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01466

1. Corporation Name

COCOA BAY PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

1609 COCOA BAY BLVD.
COCOA FL 32926
US

Mailing Address

1609 COCOA BAY BLVD.
COCOA FL 32926
US

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90256 010 ****70.00

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

02/15/1984

4. FEI Number

59-3272519

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WINCHESTER, TINA B
1614 RIDGE DRIVE
COCOA FL 32926

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**
STREET ADDRESS **KITCHENS, CARLTON**
CITY-ST-ZIP **1609 COCOA BAY BLVD.**
COCOA FL 32926

TITLE ☐ DELETE

NAME **VP**
STREET ADDRESS **BEUER, SUSAN**
CITY-ST-ZIP **1617 RIDGE DRIVE**
COCOA FL 32926

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **BEUER, TODD**
CITY-ST-ZIP **1617 RIDGE DRIVE**
COCOA FL 32926

TITLE ☒ DELETE

NAME **ST**
STREET ADDRESS **GOWAN, GAIL**
CITY-ST-ZIP **1621 RIDGE DR**
COCOA FL 32926

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **WINCHESTER, TINA**
CITY-ST-ZIP **1614 RIDGE DR**
COCOA FL 32926

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☒ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

1.1 TITLE
WINCHESTER, TINA
1.2 NAME
1614 RIDGE DR
1.3 STREET ADDRESS
COCOA FL 32926

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tina Winchester **TINA WINCHESTER**

4/22/99

(407) 636-5479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0019644