


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90023 046 ****61.25

DOCUMENT # N01466					
1. Entity Name COCOA BAY PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 1609 RIDGE DR. COCOA, FL 32926 US		Mailing Address PO BOX 147 MELBOURNE, FL 32935 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3272519	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PROKOP, CHRISTOPHER A 1401 SHEAFE AVE. NE 106 PALM BAY, FL 32909			Name Victoria Prokop		
			Street Address (P.O. Box Number is Not Acceptable)		
			582 Hwy A1A		
			City	State	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 <i>Victoria Prokop</i>		<i>Victoria Prokop</i>		DATE <i>4-9-04</i>	
Signature, typed or printed name of registered agent and date if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <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	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVALIER, LIONEL		NAME		
STREET ADDRESS	1647 RIDGE DR.		STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOULE, CONRAD		NAME	Yosheda, TAI	
STREET ADDRESS	1620 RIDGE DRIVE		STREET ADDRESS	1628 Cocoa Bay Blvd.	
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP	Cocoa, FL 32926	
TITLE		<input type="checkbox"/> Delete	TITLE	D ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Grube, Regina	
STREET ADDRESS			STREET ADDRESS	1620 Cocoa Bay Blvd.	
CITY-ST-ZIP			CITY-ST-ZIP	Cocoa, FL 32926	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Bickhardt, Mark	
STREET ADDRESS			STREET ADDRESS	1610 Ridge Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Cocoa, FL 32926	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Shank, Jim	
STREET ADDRESS			STREET ADDRESS	1617 Cocoa Bay Blvd.	
CITY-ST-ZIP			CITY-ST-ZIP	Cocoa, FL 32926	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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: <i>Lionel Savaler</i>				DATE <i>4/13/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	

24049103



01082004 Chg-NP CR2E037 (10/03)