


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2007 8:00 am
Secretary of State

08-01-2007 90034 045 ****70.00

DOCUMENT # N02000003150	
1. Entity Name COCOA PALMS MOBILE HOME PARK HOMEOWNERS ASSOCIATION INC.	

Principal Place of Business 126 SABAL AVE CAPE CANAVERAL, FL 32920	Mailing Address 126 SABAL AVE CAPE CANAVERAL, FL 32920
--	--

DO NOT WRITE IN THIS SPACE



07222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 45-0473316	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent TOWLE, DONALD H JR 126 SABAL AVE CAPE CANAVERAL, FL 32920
--

DO NOT WRITE
IN THIS SPACE

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 September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOWLE, DONALD H JR 126 SABAL AVE CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ETENSE, MARGE 115 RATTAN AVE COCOA PALMS AV CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIANNONE, LORRAINE 207 SAGO CIR. CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNAPP, EDITH 138 SABAL AVE CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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.

SIGNATURE: <u>Donald H. Towle Jr.</u>	Date <u>7/25/07</u>	Daytime Phone # <u>321-917-7845</u>
---------------------------------------	---------------------	-------------------------------------