

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000006229

**FILED**  
**Oct 19, 2004**  
**Secretary of State**

**Entity Name:** COCONUT AVENUE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7333 CORAL WAY  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

7333 CORAL WAY  
MIAMI, FL 33133

**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:**

DAVIDE, SALVATORE  
7333 CORAL WAY  
MIAMI, FL 33133    US

**Name and Address of New Registered Agent:**

DAVIDE, SALVATORE J  
7333 CORAL WAY  
MIAMI, FL 33133    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: SALVATORE J. DAVIDE

10/19/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DAVIDE, SALVATORE  
Address: 7333 CORAL WAY  
City-St-Zip: MIAMI, FL 33133

Title: VD ( ) Delete  
Name: ROGERS, NEIL S  
Address: 7333 CORAL WAY  
City-St-Zip: MIAMI, FL 33133

Title: STD ( ) Delete  
Name: HOROWITZ, DAVID  
Address: 7333 CORAL WAY  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DAVIDE, SALVATORE J  
Address: 7333 CORAL WAY  
City-St-Zip: MIAMI, FL 33133

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 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 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: SALVATORE J. DAVIDE

PD

10/19/2004

Electronic Signature of Signing Officer or Director

Date