

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03337

1. Entity Name
COCOA WOODS HOMEOWNERS' ASSOCIATION, INC.



FILED

06 MAY 12 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2435 WESTMINSTER DR
P.O. BOX 237561
COCOA, FL 32923-7561 *delete*

Mailing Address
2435 WESTMINSTER DR
P.O. BOX 237561
COCOA, FL 32923-7561 *delete*



03172003 REIN-IP CR2509 (11/05) 05-06

2. Principal Place of Business
2435 Westminister Dr
Suite, Apt. #, etc.
City & State
COCOA, FL
Zip
32926
Country
USA

3. Mailing Address
P.O. Box 237561
Suite, Apt. #, etc.
COCOA
City & State
FL
Zip
32926
Country
USA

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
WILLIAMS, SHERRY E
2533 MERRI OAKS COURT
COCOA, FL 32926 *delete*

7. Name and Address of New Registered Agent
Name
KAREN ROARK
Street Address (P.O. Box Number is Not Acceptable)
2540 MERRI OAKS COURT
City
COCOA
FL
Zip Code
32926

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 *Teresa Halverstadt* TERESA HALVERSTADT (TERP) 5-8-06
Signature, typed or printed name of registered agent (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	TITLE	PD	☐ Change ☒ Addition
NAME	KOVACS, PAM		NAME	TERRI HALVERSTADT	
STREET ADDRESS	2306 WESTMINSTER DR.		STREET ADDRESS	2394 WESTMINSTER DR	
CITY-STATE-ZIP	COCOA, FL 32926		CITY-STATE-ZIP	COCOA, FL 32926	
TITLE	VD	☒ Delete	TITLE	VD	☐ Change ☒ Addition
NAME	ILGONFRITZ, JOHN		NAME	MARGIE WHITNEY	
STREET ADDRESS	2378 WESTMINSTER DR.		STREET ADDRESS	2435 WESTMINSTER DR	
CITY-STATE-ZIP	COCOA, FL 32926		CITY-STATE-ZIP	COCOA, FL 32926	
TITLE	SD	☒ Delete	TITLE	SD	☐ Change ☒ Addition
NAME	WILLIAMS, SHERRY		NAME	KAREN ROARK	
STREET ADDRESS	2533 MERRI OAKS CT.		STREET ADDRESS	2540 MERRI OAKS COURT	
CITY-STATE-ZIP	COCOA, FL 32926		CITY-STATE-ZIP	COCOA, FL 32926	
TITLE	TD	☒ Delete	TITLE	TD	☐ Change ☒ Addition
NAME	PARONTI, EDNA		NAME	ROBIN BROTHERS	
STREET ADDRESS	3817 DEACON WAY		STREET ADDRESS	2458 WESTMINSTER DR	
CITY-STATE-ZIP	COCOA, FL 32926		CITY-STATE-ZIP	COCOA, FL 32926	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

92. 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 person or persons 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 in all other cases empowered.

SIGNATURE *Teresa Halverstadt* 5-8-06 TERESA L. HALVERSTADT 321 639-1233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR