

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90048 008 \*\*\*\*61.25

**DOCUMENT # N03337**

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



Principal Place of Business  
2435 WESTMINSTER DR  
COCOA, FL 32926

Mailing Address  
P.O. BOX 237561  
COCOA, FL 32926



03132007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ROARK, KAREN  
2540 MERRI OAKS COURT  
COCOA, FL 32926

**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: KAREN L. ROARK KAREN L. ROARK 4-5-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME HALVERSTADT, TERRI  
STREET ADDRESS 2394 WESTMINSTER DR.  
CITY-ST-ZIP COCOA, FL 32926

TITLE VD  
NAME WHITNEY, MARGIE  
STREET ADDRESS 2435 WESTMINSTER DR.  
CITY-ST-ZIP COCOA, FL 32926

TITLE SD  
NAME ROARK, KAREN  
STREET ADDRESS 2540 MERRI OAKS CT.  
CITY-ST-ZIP COCOA, FL 32926

TITLE TD  
NAME BROTHERS, ROBIN  
STREET ADDRESS 2458 WESTMINSTER DR  
CITY-ST-ZIP COCOA, FL 32926

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: TERRI HALVERSTADT TERRI HALVERSTADT President 4-5-07 639-1233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #