


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90413 033 ****61.25

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| DOCUMENT # N03337 1. Entity Name COCOA WOODS HOMEOWNERS' ASSOCIATION, INC. |  |
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40087918



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| Principal Place of Business 2435 WESTMINSTER DR COCOA, FL 32926 | Mailing Address P.O. BOX 237561 COCOA, FL 32926 |
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| 2. Principal Place of Business - No P.O. Box # 2394 Westminister Dr Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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| City & State Cocoa FL | City & State |
| Zip 32926 | Country USA |

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| 6. Name and Address of Current Registered Agent ROARK, KAREN 2540 MERRI OAKS COURT COCOA, FL 32926 | 7. Name and Address of New Registered Agent Name <u>TERRI HALVERSTADT</u> Street Address (P.O. Box Number is Not Acceptable) <u>2394 Westminister Drive</u> City <u>Cocoa</u> <u>FL</u> Zip Code <u>32926</u> |
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| 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 <u>Karen A. Roark</u> DATE <u>4-17-08</u> |
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| Filing Fee is \$61.25 Due by May 1, 2008 | 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HALVERSTADT, TERRI 2394 WESTMINISTER DR. COCOA, FL 32926 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ALFRED MENENDEZ 3865 DUTCHESS PLACE COCOA, FL 32926 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WHITNEY, MARGIE 2435 WESTMINISTER DR. COCOA, FL 32926 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Robin Brothers 2458 Westminister Drive Cocoa, FL 32926 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ROARK, KAREN 2540 MERRI OAKS CT. COCOA, FL 32926 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD John I Lcafritz 2378 Westminister Drive Cocoa FL 32926 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BROTHERS, ROBIN 2458 WESTMINISTER DR COCOA, FL 32926 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Halverstadt, Terri 2394 Westminister Dr. Cocoa, FL 32926 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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>Alfred Menendez</u> DATE: <u>4/17/08</u> |
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