

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03337

FILED
Apr 20, 2009
Secretary of State

Entity Name: COCOA WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2394 WESTMINSTER DR
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 237561
COCOA, FL 32926

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALVERSTADT, TERRI
2394 WESTMINSTER DRIVE
COCOA, FL 32926 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MENENDEZ, ALFRED
Address: 3865 DUTCHESS PLACE
City-St-Zip: COCOA, FL 32926

Title: VD () Delete
Name: BROTHERS, ROBIN
Address: 2458 WESTMINSTER DRIVE
City-St-Zip: COCOA, FL 32926

Title: SD () Delete
Name: LAINFRITZ, JOHN
Address: 2378 WESTMINSTER DRIVE
City-St-Zip: COCOA, FL 32926

Title: TD () Delete
Name: HALVERSTADT, TERRI
Address: 2394 WESTMINSTER DR
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ILGENFRITZ, JOHN
Address: 2378 WESTMINSTER DRIVE
City-St-Zip: COCOA, FL 32926

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBIN BROTHERS

VP

04/20/2009

Electronic Signature of Signing Officer or Director

Date