

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N03715** (2)
1. Corporation Name
COCOA NORTH VILLAS, NO. 2, HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

**912 HIALEAH ST.
ROCKLEDGE FL 32955**

Mailing Address

**912 HIALEAH ST.
ROCKLEDGE FL 32955**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address	
21	387 HIBISCUS ST	26	P O Box 640586
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	MERRITT ISLAND FL	28	MERRITT ISLAND FL
Zip	Country	Zip	Country
24	32953 USA	29	32954-0586 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
06/15/1984	01/03/1996
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
59-1815000 59-3379308	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GOLDMAN, MITCHELL S ESQ. 96 WILLARD ST. SUITE 302 COCOA FL 32922		SHARON TRENT 387 HIBISCUS AVE MERRITT ISLAND FL 32953	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			

SIGNATURE Sharon Trent (SHARON TRENT) DATE 4/30/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	DP
NAME	LIEBERMAN, RONALD	1.2 NAME	
STREET ADDRESS	912 HIALEAH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	LIEBERMAN, GINGER	2.2 NAME	
STREET ADDRESS	912 HIALEAH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	GOLDMAN, MITCHELL S	3.2 NAME	
STREET ADDRESS	96 WILLARD ST. STE. 302	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32922	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	DST
NAME		4.2 NAME	SHARON TRENT
STREET ADDRESS		4.3 STREET ADDRESS	387 HIBISCUS AVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	per Sharon Trent 10-29-96	5.1 TITLE	
NAME	do not delete GINGER	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald Lieberman DATE 4/30/96 DAYTIME PHONE # 407-459-0225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)