

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90030 026 ****61.25

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|--|--|---|---|--|--|
| DOCUMENT # N04000001428 1. Entity Name COCOA COMMERCIAL CENTER CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business P.O. BOX 6848 WEST PALM BEACH, FL 33405 | | | Mailing Address P.O. BOX 6848 WEST PALM BEACH, FL 33405 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 204 W Cocoa Beach Cswy | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Cocoa Beach FL | | City & State Cocoa Beach FL | | 4. FEI Number 20-0774944 | |
| Zip 32931 | | Country U.S.A | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HARRISON, HILLARY G ESQ 4512 NORTH FLAGLER DRIVE SUITE 201A WEST PALM BEACH, FL 33407 | | | | 7. Name and Address of New Registered Agent Keldorff Inc, DBA Showcase Prop. Mgmt. 40 Karen Gunn-Burdott 204 W Cocoa Beach Cswy Cocoa Beach FL 32931 | |
| 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 DATE 4/4/07 | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | | | | |
| 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MAY, MARK R P.O. BOX 6848 WEST PALM BEACH, FL 33405 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Glen Edwards 3815 N US Hwy 1, Ste 51 Cocoa FL 32926 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD KAROSAS, MICHAEL R P.O. BOX 6848 WEST PALM BEACH, FL 33405 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Kelly Ringham 3815 N US Hwy 1, Ste 17 Cocoa FL 32926 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD COVE, MICHAEL P.O. BOX 6848 WEST PALM BEACH, FL 33405 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasures Kay Colton 3815 N US Hwy 1, Ste 2 Cocoa FL 32926 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Carol Brown 3815 N US Hwy 1, Ste 65 Cocoa FL 32926 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Sergio Benitez PO Box 203 Shamper, FL 32959 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: 4-4-07 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |