

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90035 006 \*\*\*\*61.25

**DOCUMENT # N04000010079**

1. Entity Name  
COCONUT GROVE VILLAS CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business  
3321 NE 12TH ST  
POMPAÑO BEACH, FL 33062

Mailing Address  
3321 NE 12TH ST  
POMPAÑO BEACH, FL 33062



01192008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
57-1215858

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

KEENAN, THOMAS J  
3223 NE 12TH ST - PH  
POMPAÑO BEACH, FL 33062

**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 THOMAS J. KEENAN *Thomas J. Keenan*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

1-28-08  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEENAN, THOMAS J 3223 NE 12TH ST, PH POMPAÑO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <del>GILBERT M</del> MARK TUTTLE 3223 NE 12TH ST - PH APT 1E POMPAÑO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KEENAN, THOMAS J RONALD JOHNSON 3223 NE 12TH ST, PH APT 6E POMPAÑO BEACH, FL 33062
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**DO NOT WRITE  
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: Thomas J. Keenan PRES 1-28-08 954-942-1118  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Florida Department of State #6125