

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000006427

FILED
Jun 16, 2007
Secretary of State

Entity Name: COCONUT COVE CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

250 BIRD ROAD
SUITE 100
CORAL GABLES, FL 33146

New Principal Place of Business:

WEST TRADE AVE
COCONUT GROVE, FL 33133

Current Mailing Address:

250 BIRD ROAD
SUITE 100
CORAL GABLES, FL 33146

New Mailing Address:

P.O. BOX 490720
KEY BISCAYNE, FL 33149

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MICHELE & ASSOCIATES CAM
800 CRANDON BLVD
102
KEY BISCAYNE, FL 33149 US

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: FEDERICO N PADOVAN

06/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: HERNANDEZ, MINERVA
Address: 2760 WEST TRADE AVE
City-St-Zip: MIAMI, FL 33133 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: NOVAL, LAUREN
Address: 2760 WEST TRADE AVE APT A
City-St-Zip: MIAMI, FL 33133 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: PRADERA, IVETTE
Address: 2758 WEST TRADE AVE
City-St-Zip: MIAMI, FL 33133 US

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: MINERVA HERNANDEZ

P

06/16/2007

Electronic Signature of Signing Officer or Director

Date