2007 NOT-FOR-PROFIT CORPORATION

Apr 16, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N06000000298 04-16-2007 90048 017 ****61.25 COCÓ PARC CONDOMINIUMS ASSOCIATION, INC. Mailing Address Principal Place of Business 4000-961 LYONS ROAD 961 LYONS ROAD COCONUT CREEK, FL 33063 COCONUT CREEK, FL 33063 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 11-0996352 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MANCILLA, JOSEPH ESQ. 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312 8. The above named entity submits this statement 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 ad SIGNATURE Signature, typed of 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2007 Trust Fund Contribution Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE Delete TITLE Change Addition PERDUE, BRODERICK A NAME NAME MORTON KRONENBERG 951 LYONS ROAD, SUITE 6102 STREET ADDRESS # 509 STREET ADDRESS CITY-ST-ZIP BEACH CITY-ST-ZIP COCONUT CREEK, FL 33063 *33062* POMPANO VPD TITLE VP/S/D Change ☐ Addition Delete TITLE HARESH CHATOMAL TONTI, MICHAEL T NAME NAME 4949 WEST GROVE DRIVE, STE 100 STREET ADDRESS STREET ADDRESS 934 N. UNIVERSITY CITY-ST-ZIP CORAL SPRINGS, CITY-ST-7IP DALLAS, TX 75248 33071 TITLE STD **S** Delete TITLE Change ☐ Addition MARINO GONZALEZ TONTI, ROBERT J NAME 4949 WEST GROVE DRIVE, STE 100 STREET ADDRESS 921 LYONS RD. STREET ADDRESS DALLAS, TX 75248 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition DILE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change

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12. Thereby 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.

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS CITY-ST-7/P

954 6844400 MORTON KRONENBERG SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #