


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000002980					
1. Entity Name COCONUT MALLORY MARINA AND RESORT DOCKOWNER'S ASSOCIATION, INC.					
Principal Place of Business 1445 S ROOSEVELT BLVD KEY WEST, FL 33040			Mailing Address 1445 S ROOSEVELT BLVD KEY WEST, FL 33040		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o Goodmanagement			
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box 12967			
City & State		City & State Newport News, VA		4. FEI Number 59-3841367	
Zip		Country		Applied For Not Applicable	
Zip 23612		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOSMAS, JAMES M ESQ 111 LIVE OAK STREET NEW SMYRNA BEACH, FL 32168				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50			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	DP KOSMAS, STEVEN P 920 THIRD AVE NEW SMYRNA BEACH, FL 32169 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div style="text-align: center; font-size: 1.2em;"> 600138136176 11/20/08--01036--005 **236.25 </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV KOSMAS, NICHOLAS G 920 THIRD AVE NEW SMYRNA BEACH, FL 32169 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST KOSMAS, PAUL 920 THIRD AVE NEW SMYRNA BEACH, FL 32169 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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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: <u>James P. Kosmas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>11-17-08</u> Daytime Phone # _____		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11102008 REIN-NP CR2E099 (1/07)

4. FEI Number 59-3841367 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOSMAS, JAMES M ESQ
111 LIVE OAK STREET
NEW SMYRNA BEACH, FL 32168

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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Make check payable to
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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NEW SMYRNA BEACH, FL 32169

☐ Delete

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☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #