

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006439

FILED  
Apr 25, 2008  
Secretary of State

**Entity Name:** COCONUT GROVE RESIDENCES ON FT. LAUDERDALE BEACH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1500 NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

1500 NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MASTRIANA, F. RONALD  
1500 NORTH FEDERAL HIGHWAY SUITE 200  
FORT LAUDERDALE, FL 33304 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MASTRIANA, F. RONALD  
Address: 1500 NORTH FEDERAL HIGHWAY STE 200  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: VSTD ( ) Delete  
Name: THOMPSON, DOUG  
Address: 1500 NORTH FEDERAL HIGHWAY STE 200  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D ( ) Delete  
Name: MASTRIANA, ALEXANDRA  
Address: 1500 NORTH FEDERAL HIGHWAY STE 200  
City-St-Zip: FORT LAUDERDALE, FL 33304

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: F. RONALD MASTRIANA

PD

04/25/2008

Electronic Signature of Signing Officer or Director

Date