2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State
02-16-2004 90035 023 ****70.00

DOCUMENT # N36429

1. Entity Name
COCOA PINE ESTATES HOMEOWNERS ASSOCIATION, INC.

54006627

Principal Place of Business	Mailing Address
301 W. COMINO GARDENS BLVD. BOCA RATON, FL 33432 US	301 W. COMINO GARDENS BLVD. BOCA RATON, FL 33432 US

01072004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
301 W. CAMINO Gardens Blvd	301 W. Camino Gardens Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Boca Raton
City & State: Boca Raton	City & State
Zip: 33432 Country: PB	Zip: 33432 Country: US

4. FEI Number 65-0176322 ☐ 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
GLEN, ANDREW C 301 W CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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	PD NAYNE, GARY 301 W CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WAYNE, GARY 301 W. CAMINO GArdens Blvd sle Boca Raton, FL 33432	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DICKMANN, BARBARA 301 W CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROSE, ROBERT 301 W CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOHNSON, RICHARD 301 W CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BILKIS, JOEL 301 W CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #