2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38052

FILED Jan 06, 2007 Secretary of State

Entity Name: THE HISTORIC COCOA VILLAGE ASSOCIATION, INC.

Current Principa 434 DELLANOY								
434 DELLANOY	al Place of	Business:	N	lew Princi	pal Place of E	Busine	ess:	
100					EDGE DRIVE			
100 COCOA, FL 329:	23 US			02 COCOA VIL	LAGE, FL 329	922	US	
Current Mailing Address:				New Mailing Address:				
POB 1 COCOA, FL 329	23 US			PO BOX 1 COCOA VIL	LAGE, FL 329	923000)1 US	
FEI Number: 59-301	9206 F	El Number Applied For ()	FEI Numb	er Not Applie	cable ()	Certific	ate of Status I	Desired ()
Name and Addre	ess of Curi	ent Registered Agent:	N	lame and	Address of No	ew Reg	gistered Ag	ent:
PALERMO, LORI 434 DELANNOY COCOA, FL 329:	AVE	IR	3	17 RIVERÉ	LORENA EX. EDGE DRIVE # .LAGE, FL 329	#102	US	
The above named in the State of Flo		mits this statement for the	purpose of c	changing its	s registered of	fice or	registered a	gent, or both,
SIGNATURE: LORENA PALERMO						(01/06/2007	
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		Bignature of Registered Ag	ent				Date	
	Electronic	Signature of Registered Ag		ADDITIONS	S/CHANGES 1		Date	D DIRECTORS:
OFFICERS AND Title: PD Name: MOOI Address: 225 S	Electronic	Signature of Registered Ag RS: ete	Ti N A	ADDITIONS itle: lame: ddress: city-St-Zip:		TO OF	Date	D DIRECTORS:
OFFICERS AND Title: PD Name: MOOI Address: 225 S City-St-Zip: COCC Title: VPD Name: PRUE Address: 415 B	Electronic S DIRECTO () Del DY, JANET SR 520	Signature of Registered Ag RS: ete ete	TI N A C TI N A	itle: lame: ddress:	()(Change Change A	Date FICERS AN	D DIRECTORS:
OFFICERS AND Title: PD Name: MOOI Address: 225 S City-St-Zip: COCC Title: VPD Name: PRUE Address: 415 B City-St-Zip: COCC Title: SD Name: NORR Address: 27 ST	Electronic S DIRECTO () Del DY, JANET SR 520 DA, FL 32922 () Del ETT, DEBRA BREVARD AVE	Signature of Registered Ag RS: ete ete ete	TI N A C TI N A C	itle: ame: ddress: itty-St-Zip: itle: ame: ddress:	VPD (X) PRUETT, DEBRA 425 FLORIDA AV COCOA, FL 329	Change Change A VENUE	Date FICERS AN () Addition	D DIRECTORS:
OFFICERS AND Title: PD Name: MOOI Address: 225 S City-St-Zip: COCC Title: VPD Name: PRUE Address: 415 B City-St-Zip: COCC Title: SD Name: NORR Address: 27 ST City-St-Zip: COCC Title: TD Name: STEW Address: 425 B	CIPECTONIC S DIRECTO () Del DY, JANET IR 520 DA, FL 32922 () Del ETT, DEBRA IREVARD AVE DA, FL 32922 () Del RIS, TODD TONE ST	RS: ete ete ete	TI N A C TI N A C	itle: ame: ddress: iity-St-Zip: itle: ame: ddress: iity-St-Zip: itle: lame: ddress:	VPD (X) PRUETT, DEBRA 425 FLORIDA AV COCOA, FL 329	Change Change A VENUE 922 Change	Date FICERS AN () Addition () Addition	D DIRECTORS:
OFFICERS AND Title: PD Name: MOOI Address: 225 S City-St-Zip: COCC Title: VPD Name: PRUE Address: 415 B City-St-Zip: COCC Title: SD Name: NORR Address: 27 ST City-St-Zip: COCC Title: TD	Electronic S DIRECTO () Del DY, JANET SR 520 DA, FL 32922 () Del ETT, DEBRA SREVARD AVE DA, FL 32922 () Del RIS, TODD TONE ST DA, FL 32922 () Del	Gignature of Registered Ag RS: ete ete ete	TI N A C TI N A C	itle: ame: ddress: city-St-Zip: itle: lame: ddress: city-St-Zip: itle: lame: ddress: city-St-Zip:	VPD (X) PRUETT, DEBRA 425 FLORIDA AV COCOA, FL 329	Change Change A VENUE 922 Change	Date FICERS AN () Addition () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: JANET MOODY PD 01/06/2007