## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38052

FILED Apr 25, 2012 Secretary of State

Entity Name: THE HISTORIC COCOA VILLAGE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1 OLEANDER STREET SUITE 2

COCOA VILLAGE, FL 32922 US

Current Mailing Address: New Mailing Address:

PO BOX 1

COCOA VILLAGE, FL 329230001 US

FEI Number: 59-3019206 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SOPHER, CHRIS PD KIRKPATRICK, EMMA
1 OLEANDER STREET 1 OLEANDER STREET

SUITE 2 SUITE 2

COCOA VILLAGE, FL 32922 US COCOA VILLAGE, FL 32922 US

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: EMMA KIRKPATRICK 04/25/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PD

Name: KIRKPATRICK, EMMA
Address: 1 OLEANDER STREET, STE 2

City-St-Zip: COCOA, FL 32922

 Title:
 VPD

 Name:
 ETZ, JANNE

 Address:
 216 BREVARD AVE

 City-St-Zip:
 COCOA, FL 32922

Title: SD

Name: CERQUA, MAUREEN Address: 315 BREVARD AVE City-St-Zip: COCOA, FL 32922

Title: TD

Name: WEST, BARBARA
Address: 435 BREVARD AVE
City-St-Zip: COCOA, FL 32922

Title:

Name: DUDA, LYNN
Address: 402 BREVARD AVE
City-St-Zip: COCOA, FL 32922

Title: ED

 Name:
 CHAPMAN, ALLAN

 Address:
 1 OLEANDER ST, STE 2

 City-St-Zip:
 COCOA, FL 32922

I hereby 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 all other like empowered.

SIGNATURE: BARBARA WEST TD 04/25/2012