2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41299

FILED Mar 25, 2009 Secretary of State

Entity Name: TOWNHOMES OF COCOA BEACH CONDOMINIUM ASSOCIATION, INC.

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

185 ESCAMBIA LANE COCOA BEACH, FL 32931

Current Mailing Address: New Mailing Address:

185 ESCAMBIA LANE COCOA BEACH, FL 32931

FEI Number: 59-3042576 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:

DUNHOUR, SUSAN 185 ESCAMBIA LANE COCOA BEACH, FL 32931 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: DINUCEI, JUDITH Name: DINUCEI, JUDITH

 Address:
 185 ESCAMBIA LANE #204
 Address:
 135 ESCAMBIA LANE #204

 City-St-Zip:
 COCOA BEACH, FL 32931
 City-St-Zip:
 COCOA BEACH, FL 32931

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 MARKS, JOHN
 Name:
 CISOWSKI, KAZIMIERZ

 Address:
 185 ESCAMBIA LANE #603
 Address:
 135 ESCAMBIA LANE #203

 City-St-Zip:
 COCOA BEACH, FL 32931
 City-St-Zip:
 COCOA BEACH, FL 32931

Title: TD () Delete Title: () Change () Addition

 Name:
 TO, RONALD
 Name:

 Address:
 165 ESCAMBIA LANE UNIT #506
 Address:

 City-St-Zip:
 COCOA BEACH, FL 32931
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 CIXOWSKI, KAZIMIERZ
 Name:
 WILSON, STEPHEN

 Address:
 185 ESCAMBIA LANE #203
 Address:
 155 ESCAMBIA LANE #602

 City-St-Zip:
 COCOA BEACH, FL 32931
 City-St-Zip:
 COCOA BEACH, FL 32931

 Name:
 DUNHOUR, SUSAN
 Name:
 DUNHOUR, SUSAN

 Address:
 185 ESCAMBIA LANE #801
 Address:
 105 ESCAMBIA LANE #801

 City-St-Zip:
 COCOA BEACH, FL 32931
 City-St-Zip:
 COCOA BEACH, FL 32931

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: SUSAN DUNHOUR SD 03/25/2009