

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90015 014 \*\*\*\*61.25

**DOCUMENT # N49548**

1. Corporation Name  
**COCO GROVE NEIGHBORS ASSOCIATION, INC.**

Principal Place of Business  
C/O JAMES FAILL  
3537 ROYAL PALM AVE  
COCONUT GROVE FL 33133

Mailing Address  
C/O JAMES FAILL  
3537 ROYAL PALM AVE  
COCONUT GROVE FL 33133



**C/O AL AROSTEGUI**

**C/O AL AROSTEGUI**

2. Principal Place of Business 21 <b>3649 ROYAL PALM AVE</b>		2a. Mailing Address 26 <b>3649 ROYAL PALM AVE</b>		3. Date Incorporated or Qualified <b>06/11/1992</b>	
Suite, Apt. #, etc. 22 <b>COCONUT GROVE</b>		Suite, Apt. #, etc. 27 <b>COCONUT GROVE, FLA</b>		4. FEI Number <b>65-0344002</b>	
City & State 23 <b>FLA.</b>		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>33133</b>		Country 25 <b>DADE</b>		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 29 <b>33133</b>		Country 30 <b>DADE</b>		Trust Fund Contribution	

9. Name and Address of Current Registered Agent

**BURGER, ALAN M**  
**MISHAN, SLOTO, GREENBERG & HELLINGER**  
**200 S. BISCAYNE BLVD., SUITE 2350**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **AL AROSTEGUI**  
82 Street Address (P.O. Box Number is Not Acceptable) **3649 ROYAL PALM AVE**  
83  
84 City **COCONUT GROVE** FL 85 Zip Code **33133**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**AL AROSTEGUI** **5/18/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MACPHAILLE, CATHERINE</b>	1.2 NAME	<b>AL AROSTEGUI</b>
STREET ADDRESS	<b>3537 ROYAL PALM AVE</b>	1.3 STREET ADDRESS	<b>3649 ROYAL PALM AVE</b>
CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>	1.4 CITY-ST-ZIP	<b>COCONUT GROVE, FL. 33133</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BURGER, ALAN M</b>	2.2 NAME	<b>SANDY AROSTEGUI</b>
STREET ADDRESS	<b>3560 PALMETTO AVENUE</b>	2.3 STREET ADDRESS	<b>3649 ROYAL PALM AVE</b>
CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>	2.4 CITY-ST-ZIP	<b>COCONUT GROVE, FL. 33133</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FAILL, JAMES</b>	3.2 NAME	
STREET ADDRESS	<b>3537 ROYAL PALM AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Office Phone #

**AL AROSTEGUI** **REBOS-446-5026** **5/18/99**

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