

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49548

FILED
Jan 05, 2009
Secretary of State

Entity Name: COCO GROVE NEIGHBORS ASSOCIATION, INC.

Current Principal Place of Business:

3810 PLAZA ST
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

3810 PLAZA ST
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOONAN, BRUCE
3810 PLAZA ST
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: ISAIA, EVELYN
Address: 3608 ST GAUDENS ST
City-St-Zip: COCONUT GROVE, FL 33133

Title: VD () Delete
Name: NOONAN, BRUCE
Address: 3810 PLAZA ST
City-St-Zip: COCONUT GROVE, FL 33133

Title: SD () Delete
Name: GINSBERG, JESSICA
Address: 3917 CRAWFORD ST
City-St-Zip: COCONUT GROVE, FL 33133

Title: TD () Delete
Name: GOTTLIEB, KAREN
Address: 3700 HIBISCUS ST
City-St-Zip: COCONUT GROVE, FL 33133

Title: TD () Delete
Name: SCHERKER, ELLIOT
Address: 3700 HIBISCUS ST
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ELLIOT H. SCHERKER

TD

01/05/2009

Electronic Signature of Signing Officer or Director

Date