

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90045 046 \*\*\*\*61.25

**DOCUMENT # N93000000480**

1. Entity Name

COCONUT COVE RECREATION ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O PINES PROPERTY MANAGEMENT  
19620 PINES BLVD, STE 205  
PEMBROKE PINES FL 33029  
US

C/O PINES PROPERTY MANAGEMENT  
P.O. BOX 820100  
SOUTH FLORIDA FL 33082  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0414200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

EVANS JR., THOMAS R  
19620 PINES BLVD, STE 205  
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name ROBERT KAYE ASSOCIATES, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
6261 NW 6TH WAY  
SUITE 103  
City FT. LAUDERDALE FL Zip Code 33309

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Robert Kaye President*

4-13-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCKINNEY, RON	
STREET ADDRESS	18316 SW 4 ST	
CITY - ST - ZIP	PEMBROKE PINES FL 33029	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MELENDEZ, YVETTE	
STREET ADDRESS	18316 SW 4 ST	
CITY - ST - ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERRERA, JORGE	
STREET ADDRESS	450 SW 182ND WAY	
CITY - ST - ZIP	PEMBROKE PINES FL 33029	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SERRAO, MICHAEL	
STREET ADDRESS	414 SW 183ND WAY	
CITY - ST - ZIP	PEMBROKE PINES FL 33029	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TEPEDINO, FRANK	
STREET ADDRESS	18259 SW 3RD ST	
CITY - ST - ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Frank Tepedino*

3-22-07

954 438 6570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #