

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000480

FILED
Apr 24, 2009
Secretary of State

Entity Name: COCONUT COVE RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0414200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS & GOLDWYN, P.A.
2 SOUTH UNIVERSITY DR., #210
PLANTATION, FL 33324 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: MCKINNEY, RON
Address: 18316 SW 4 ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: RODRIGUEZ, JIM
Address: 18269 SW 3 ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SD () Delete
Name: PARRISH, JERI
Address: 18307 SW 4 ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VD () Delete
Name: SERRAO, MICHAEL
Address: 414 SW 183ND WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Delete
Name:
Address:
City-St-Zip:

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: D (X) Change () Addition
Name: OQUENDO, ANDY
Address: 551 SW 182 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T () Change (X) Addition
Name: SISK, DENISE
Address: 484 SW 183 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

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: RON MCKINNEY

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date