

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000480

FILED
Mar 18, 2011
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.
315
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
Name: CHENEY, COLLEEN
Address: 474 SW 183 WAY
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: TD
Name: FREARSON, JOHN
Address: 520 SW 182 WAY
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: SD
Name: CASAZZA, GLORIA
Address: 18200 SW 6 ST
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: DV
Name: OQUENDO, ANDY
Address: 551 SW 182 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D
Name: SISK, DENISE
Address: 484 SW 183 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby 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 all other like empowered.

SIGNATURE: COLLEEN CHENEY

PD

03/18/2011

Electronic Signature of Signing Officer or Director

Date