

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000002379**

1. Entity Name  
**COCONUT SOUND RECREATION ASSOCIATION, INC.**



Principal Place of Business  
**19620 PINES BLVD, STE 205  
PEMBROKE PINES, FL 33029**

Mailing Address  
**C/O PINE PROPERTY MGT  
PO BOX 820100  
PEMBROKE PINES, FL 33082-0100**



02092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0460806**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U000000495173  
04/20/06-80074-020 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MANDELL, ROBERT
STREET ADDRESS	450 SW 181 AVE
CITY-STATE-ZIP	PEMBROKE PINES, FL
TITLE	VPD
NAME	GREEN, BONNIE
STREET ADDRESS	18155 SW 3ST
CITY-STATE-ZIP	PEMBROKE PINES, FL 33029
TITLE	STD
NAME	LANG, WILLIAM
STREET ADDRESS	18116 SW 4 CT
CITY-STATE-ZIP	PEMBROKE PINES, FL 33029
TITLE	DP
NAME	ALEMAN, HENRY
STREET ADDRESS	18157 SW 4TH CT
CITY-STATE-ZIP	PEMBROKE PINES, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**4-406**

**954 438-6570**