


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

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

04-17-2007 90045 049 \*\*\*\*61.25

<b>DOCUMENT # N93000002379</b>	
1. Entity Name <b>COCONUT SOUND RECREATION ASSOCIATION, INC.</b>	

Principal Place of Business <b>19620 PINES BLVD, STE 205 PEMBROKE PINES FL 33029</b>	Mailing Address <b>C/O PINE PROPERTY MGT PO BOX 820100 PEMBROKE PINES FL 33082-0100</b>
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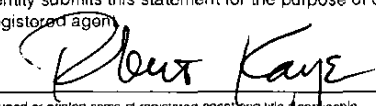


2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip
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1st MOORE	CR2E037 (10/06)
4. FEI Number <b>65-0460806</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  <b>EVANS, THOMAS R JR 19620 PINES BLVD, STE 205 PEMBROKE PINES FL 33029</b>	
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7. Name and Address of New Registered Agent  <b>ROBERT KAYE &amp; ASSOCIATES, P.A. 6261 NW 6TH WAY SUITE 103 FT. LAUDERDALE FL 33309</b>	
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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.	DATE <b>4-13-07</b> (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>D MANDELL, ROBERT 460 SW 181 AVE PEMBROKE PINES FL</b>	
<b>VPD GREEN, BONNIE 18155 SW 3ST PEMBROKE PINES FL 33029</b>	<input checked="" type="checkbox"/> Delete
<b>STD LANG, WILLIAM 18116 SW 4 CT PEMBROKE PINES FL 33029</b>	<input checked="" type="checkbox"/> Delete
<b>DP ALEMAN, HENRY 18157 SW 4TH CT PEMBROKE PINES FL 33029</b>	<input checked="" type="checkbox"/> Delete
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D DANIELS, ANDRE 18149 SW 3RD ST PEMBROKE PINES FL 33029</b>	
<b>DUP BCELAGE, BRAD 18159 SW 3RD ST PEMBROKE PINES FL 33029</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>DT WEBB, CAROL 595 SW 181 WAY PEMBROKE PINES FL 33029</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>DS SANCHEZ, GLORIA 18186 SW 4 CT PEMBROKE PINES FL 33029</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>D LENETT, HARVEY 420 SW 181 WAY PEMBROKE PINES, FL 33029</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.	
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>3/13/07</b> Daytime Phone # <b>954-438-6578</b>
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