


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90088 007 ****61.25

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		
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	4. FEI Number 65-0460806	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERT KAYE & ASSOCIATES, P.A. 6261 NW 6TH WAY SUITE 103 FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANDELL, ROBERT <input checked="" type="checkbox"/> Delete 460 SW 181 AVE PEMBROKE PINES, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANIELS, ANDRE <input type="checkbox"/> Delete 18149 SW 3RD ST. PEMBROOKE PINES, FL 33029				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BRELAGE, BRAD <input type="checkbox"/> Delete 181859 SW 3RD ST. PEMBROOKE PINE, FL 33029				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WEBB, CAROL <input type="checkbox"/> Delete 595 SW 181 WAY PEMBROOKE PINES, FL 33029				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SANCHEZ, GLORIA <input type="checkbox"/> Delete 18186 SW 4TH CT. PEMBROOKE PINES, FL 33029				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENETT, HARVEY <input type="checkbox"/> Delete 420 SW 181ST WAY PEMBROOKE PINES, FL 33029				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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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: _____ 2/29/08 786-205-5198 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					