2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002379

Apr 24, 2009 Secretary of State

Entity Name: COCONUT SOUND RECREATION ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

19620 PINES BLVD, STE 205 PEMBROKE PINES, FL 33029

Current Mailing Address: New Mailing Address:

C/O PINE PROPERTY MGT PO BOX 820100 PEMBROKE PINES, FL 330820100

FEI Number: 65-0460806 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEVENS & GOLDWYN, P.A 2 SOUTH UNIVERSITY DRIVE, SUITE 210 PLANTATION, FL 33324

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

DANIELS, ANDRE DANIELS, ANDRE Name: Name: 18149 SW 3RD ST. Address: 18149 SW 3RD ST. Address:

City-St-Zip: PEMBROOKE PINES, FL 33029 City-St-Zip: PEMBROKE PINES, FL 33029

Title: DVP () Delete Title: (X) Change () Addition

BRELAGE, BRAD Name: BRELAGE, BRAD Name: Address: 181859 SW 3RD ST. Address: 181859 SW 3RD ST.

City-St-Zip: PEMBROOKE PINE, FL 33029 City-St-Zip: PEMBROKE PINE, FL 33029

Title: () Delete Title: DT (X) Change () Addition

WEBB, CAROL WEBB, CAROL Name: Name: 595 SW 181 WAY Address: Address: 595 SW 181 WAY

City-St-Zip: PEMBROOKE PINES, FL 33029 City-St-Zip: PEMBROKE PINES, FL 33029

Title: DS () Delete Title: SD (X) Change () Addition

Name: SANCHEZ, GLORIA Name: DEVNEW, SANDRA

Address: 18186 SW 4TH CT. Address: 18114 SW 5 CT. City-St-Zip: PEMBROOKE PINES, FL 33029 City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Delete Title: (X) Change () Addition

LENETT, HARVEY LENETT, HARVEY Name: Name:

420 SW 181ST WAY 420 SW 181ST WAY Address: Address:

PEMBROOKE PINES, FL 33029 City-St-Zip: 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: ANDRE DANIELS D 04/24/2009