


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

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90314 044 \*\*\*\*61.25

<b>DOCUMENT # N93000005392</b> 1. Entity Name COCONUT REEF RECREATION ASSOCIATION, INC.	
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Principal Place of Business C/O PINES PROPERTY MGT 19620 PINES BLVD STE 205 PEMBROKE PINES, FL 33029 US	Mailing Address C/O PINES PROPERTY MGT P.O. BOX 820100 SO. FLORIDA, FL 33082-0100 US
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**60025081**



02092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0494637	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  EVANS, THOMAS R JR PINES PROPERTY MGT 19620 PINES BLVD STE 205 PEMBROKE PINES, FL 33029
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREENWELL, LOU 18051 SW 12 CT PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLISON, TERRIE 17848 SW 14 ST PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> D ALAYON, SALLY 1342 SW 178 WAY PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VERDERA, PERLA 1334 SW 179TH TERR PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> DV TURNER, JAY 1349 SW 181 AVE. PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Jervue Allison 3-30-06 954 438-6570  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #