

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

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

04-17-2007 90045 050 ****61.25

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1. Entity Name

COCONUT REEF RECREATION ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O PINES PROPERTY MGT
19620 PINES BLVD STE 205
PEMBROKE PINES FL 33029
US

C/O PINES PROPERTY MGT
P.O. BOX 820100
SO. FLORIDA FL 33082-0100
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

4. FEI Number

65-0494637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **ROBERT KAYE & ASSOCIATES, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
6261 NW 6TH WAY

SUITE 103

City **FT. LAUDER DALE**

FL

Zip Code **33309**

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

Robert Kaye President

4-13-07

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TD
GREENWELL, LOU
18051 SW 12 CT
PEMBROKE PINES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
ALLISON, TERRIE
17848 SW 14 ST
PEMBROKE PINES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
ALAYON, SALLY
1342 SW 178 WAY
PEMBROKE PINES FL 33029 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
WOODS, BOB
17958 SW 14 ST
PEMBROKE PINES FL 33029 ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SD
VERDERA, PERLA
1334 SW 179TH TERR
PEMBROKE PINES FL 33029 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DV
TURNER, JAY
1349 SW 181 AVE.
PEMBROKE PINES FL 33029 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ 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.

SIGNATURE:

Jerrie Allison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07 954-430-8404

Date

Daytime Phone #