


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90410 019 ****61.25

DOCUMENT # N94000002405 1. Entity Name COCO IBIZA VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3356 BIRD AVE MIAMI, FL 33133 US			Mailing Address 145 MADEIRA AVE STE 206 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # <i>Same as above</i>			3. Mailing Address <i>Same as above</i>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		4. FEI Number 65-0599456	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FERNANDEZ, SUSANA 145 MADEIRA AVENUE #206 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <i>4/12/07</i> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PANTELIDES, RAYMOND <input type="checkbox"/> Delete 10 SW SOUTHRIVER DRIVE #912 MIAMI, FL 33130			TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <i>Raymond Pantelides</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10 SW SOUTHRIVER DRIVE #912 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PANTELIDES, MARTHA <input type="checkbox"/> Delete 10 SW SOUTHRIVER DRIVE #912 MIAMI, FL 33130			TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <i>Marta Pantelides</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10 SW SOUTHRIVER DRIVE #912 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T <i>Christopher Brennan</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3231 Gifford Lane MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<i>4/12/07</i> <small>Date</small>	
<small>Daytime Phone #</small>					

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