

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90031 039 \*\*\*\*61.25

<b>DOCUMENT # N94000002405</b> 1. Entity Name <b>COCO IBIZA VILLAS CONDOMINIUM ASSOCIATION, INC.</b>																																																																																																																																																																																			
Principal Place of Business <b>3356 BIRD AVE</b> <b>MIAMI, FL 33133 US</b>		Mailing Address <b>145 MADEIRA AVE STE 206</b> <b>CORAL GABLES, FL 33134</b>																																																																																																																																																																																	
2. Principal Place of Business - No P.O. Box <b>3356 Bird Ave.</b>		3. Mailing Address <b>1100 El Rado</b>																																																																																																																																																																																	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																																																																																																	
City & State <b>MIAMI, FL</b>		City & State <b>CORAL GABLES, FL</b>																																																																																																																																																																																	
Zip <b>33133</b>		Zip <b>33134</b>																																																																																																																																																																																	
Country <b>USA</b>		Country <b>USA</b>																																																																																																																																																																																	
6. Name and Address of Current Registered Agent  <b>FERNANDEZ, SUSANA</b> <b>145 MADEIRA AVENUE</b> <b>#206</b> <b>CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent  Name <b>Susana Shelton</b> Street Address (P.O. Box Number is not acceptable) <b>1100 El Rado</b> City <b>CORAL GABLES</b> State <b>FL</b> Zip Code <b>33134</b>																																																																																																																																																																																	
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  DATE <b>2/28/08</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>																																																																																																																																																																																			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																																																																																	
Make check payable to <b>Florida Department of State</b>																																																																																																																																																																																			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 30%;"></td> </tr> <tr> <td>NAME</td> <td colspan="3"><b>PANTELIDES, RAYMOND</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"><b>10 SW SOUTHRIVER DRIVE #912</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"><b>MIAMI, FL 33130</b></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>NAME</td> <td colspan="3"><b>PANTELIDES, MARTHA</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"><b>10 SW SOUTHRIVER DRIVE #912</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"><b>MIAMI, FL 33130</b></td> </tr> <tr> <td>TITLE</td> <td>ST</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>NAME</td> <td colspan="3"><b>BRENNAN, CHRISTOPHER</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"><b>3231 GIFFORD LANE</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"><b>MIAMI, FL 33133</b></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 30%;"></td> </tr> <tr> <td>NAME</td> <td colspan="3"><b>Todd Holleyberth</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"><b>3356 Bird Avenue #6</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"><b>MIAMI, FL 33133</b></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td colspan="3"><b>Javier Naranjo</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"><b>3356 Bird Avenue #15</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"><b>MIAMI, FL 33133</b></td> </tr> <tr> <td>TITLE</td> <td>ST</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td colspan="3"><b>Sandra Valiza</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"><b>3356 Bird Ave #2</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"><b>MIAMI, FL 33133</b></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> </table> </div> </div>				TITLE	P	<input checked="" type="checkbox"/> Delete		NAME	<b>PANTELIDES, RAYMOND</b>			STREET ADDRESS	<b>10 SW SOUTHRIVER DRIVE #912</b>			CITY-ST-ZIP	<b>MIAMI, FL 33130</b>			TITLE	VP	<input checked="" type="checkbox"/> Delete		NAME	<b>PANTELIDES, MARTHA</b>			STREET ADDRESS	<b>10 SW SOUTHRIVER DRIVE #912</b>			CITY-ST-ZIP	<b>MIAMI, FL 33130</b>			TITLE	ST	<input checked="" type="checkbox"/> Delete		NAME	<b>BRENNAN, CHRISTOPHER</b>			STREET ADDRESS	<b>3231 GIFFORD LANE</b>			CITY-ST-ZIP	<b>MIAMI, FL 33133</b>			TITLE		<input type="checkbox"/> Delete		NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		<input type="checkbox"/> Delete		NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		<input type="checkbox"/> Delete		NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		NAME	<b>Todd Holleyberth</b>			STREET ADDRESS	<b>3356 Bird Avenue #6</b>			CITY-ST-ZIP	<b>MIAMI, FL 33133</b>			TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		NAME	<b>Javier Naranjo</b>			STREET ADDRESS	<b>3356 Bird Avenue #15</b>			CITY-ST-ZIP	<b>MIAMI, FL 33133</b>			TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		NAME	<b>Sandra Valiza</b>			STREET ADDRESS	<b>3356 Bird Ave #2</b>			CITY-ST-ZIP	<b>MIAMI, FL 33133</b>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME				STREET ADDRESS				CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> Delete																																																																																																																																																																																	
NAME	<b>PANTELIDES, RAYMOND</b>																																																																																																																																																																																		
STREET ADDRESS	<b>10 SW SOUTHRIVER DRIVE #912</b>																																																																																																																																																																																		
CITY-ST-ZIP	<b>MIAMI, FL 33130</b>																																																																																																																																																																																		
TITLE	VP	<input checked="" type="checkbox"/> Delete																																																																																																																																																																																	
NAME	<b>PANTELIDES, MARTHA</b>																																																																																																																																																																																		
STREET ADDRESS	<b>10 SW SOUTHRIVER DRIVE #912</b>																																																																																																																																																																																		
CITY-ST-ZIP	<b>MIAMI, FL 33130</b>																																																																																																																																																																																		
TITLE	ST	<input checked="" type="checkbox"/> Delete																																																																																																																																																																																	
NAME	<b>BRENNAN, CHRISTOPHER</b>																																																																																																																																																																																		
STREET ADDRESS	<b>3231 GIFFORD LANE</b>																																																																																																																																																																																		
CITY-ST-ZIP	<b>MIAMI, FL 33133</b>																																																																																																																																																																																		
TITLE		<input type="checkbox"/> Delete																																																																																																																																																																																	
NAME																																																																																																																																																																																			
STREET ADDRESS																																																																																																																																																																																			
CITY-ST-ZIP																																																																																																																																																																																			
TITLE		<input type="checkbox"/> Delete																																																																																																																																																																																	
NAME																																																																																																																																																																																			
STREET ADDRESS																																																																																																																																																																																			
CITY-ST-ZIP																																																																																																																																																																																			
TITLE		<input type="checkbox"/> Delete																																																																																																																																																																																	
NAME																																																																																																																																																																																			
STREET ADDRESS																																																																																																																																																																																			
CITY-ST-ZIP																																																																																																																																																																																			
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																																																	
NAME	<b>Todd Holleyberth</b>																																																																																																																																																																																		
STREET ADDRESS	<b>3356 Bird Avenue #6</b>																																																																																																																																																																																		
CITY-ST-ZIP	<b>MIAMI, FL 33133</b>																																																																																																																																																																																		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																																																	
NAME	<b>Javier Naranjo</b>																																																																																																																																																																																		
STREET ADDRESS	<b>3356 Bird Avenue #15</b>																																																																																																																																																																																		
CITY-ST-ZIP	<b>MIAMI, FL 33133</b>																																																																																																																																																																																		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																																																	
NAME	<b>Sandra Valiza</b>																																																																																																																																																																																		
STREET ADDRESS	<b>3356 Bird Ave #2</b>																																																																																																																																																																																		
CITY-ST-ZIP	<b>MIAMI, FL 33133</b>																																																																																																																																																																																		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																																																	
NAME																																																																																																																																																																																			
STREET ADDRESS																																																																																																																																																																																			
CITY-ST-ZIP																																																																																																																																																																																			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																																																	
NAME																																																																																																																																																																																			
STREET ADDRESS																																																																																																																																																																																			
CITY-ST-ZIP																																																																																																																																																																																			
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:  DATE _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																																																			

40040386



02192008 Chg-NP CR2E037 (12/06)

4. FEI Number  
65-0599456

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

FERNANDEZ, SUSANA  
145 MADEIRA AVENUE  
#206  
CORAL GABLES, FL 33134

Name **Susana Shelton**  
Street Address (P.O. Box Number is not acceptable)  
**1100 El Rado**  
City **CORAL GABLES** State **FL** Zip Code **33134**

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

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

(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. ☐

**\$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	P	<input checked="" type="checkbox"/> Delete	
NAME	<b>PANTELIDES, RAYMOND</b>		
STREET ADDRESS	<b>10 SW SOUTHRIVER DRIVE #912</b>		
CITY-ST-ZIP	<b>MIAMI, FL 33130</b>		
TITLE	VP	<input checked="" type="checkbox"/> Delete	
NAME	<b>PANTELIDES, MARTHA</b>		
STREET ADDRESS	<b>10 SW SOUTHRIVER DRIVE #912</b>		
CITY-ST-ZIP	<b>MIAMI, FL 33130</b>		
TITLE	ST	<input checked="" type="checkbox"/> Delete	
NAME	<b>BRENNAN, CHRISTOPHER</b>		
STREET ADDRESS	<b>3231 GIFFORD LANE</b>		
CITY-ST-ZIP	<b>MIAMI, FL 33133</b>		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>Todd Holleyberth</b>		
STREET ADDRESS	<b>3356 Bird Avenue #6</b>		
CITY-ST-ZIP	<b>MIAMI, FL 33133</b>		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>Javier Naranjo</b>		
STREET ADDRESS	<b>3356 Bird Avenue #15</b>		
CITY-ST-ZIP	<b>MIAMI, FL 33133</b>		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>Sandra Valiza</b>		
STREET ADDRESS	<b>3356 Bird Ave #2</b>		
CITY-ST-ZIP	<b>MIAMI, FL 33133</b>		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:

Date

Daytime Phone #