

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002405

FILED  
Mar 09, 2009  
Secretary of State

**Entity Name:** COCO IBIZA VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3356 BIRD AVE  
MIAMI, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

1100 EL RADO  
CORAL GABLES, FL 33134

**New Mailing Address:**

P.O. BOX 14-1857  
CORAL GABLES, FL 33114

**FEI Number:** 65-0599456

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHELTON, SUSANA  
1100 EL RADO  
CORAL GABLES, FL 33134 US

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

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:**

Title: P ( ) Delete  
Name: HOFFERBERTH, TODD  
Address: 3356 BIRD AVE #6  
City-St-Zip: MIAMI, FL 33133

Title: VP ( ) Delete  
Name: NARANJO, JAVIER  
Address: 3356 BIRD AVE #15  
City-St-Zip: MIAMI, FL 33133

Title: ST ( ) Delete  
Name: VAUIZA, SANDRA  
Address: 3356 BIRD AVE #2  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: NARANJO, JAVIER  
Address: 6700 SW 125 TERRACE  
City-St-Zip: PINECREST, FL 33156

Title: S (X) Change ( ) Addition  
Name: SALAS, MARLENY  
Address: 3356 BIRD AVE #8  
City-St-Zip: MIAMI, FL 33133

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: TODD HOFFERBERTH

P

03/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date