


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90024 030 ****61.25

DOCUMENT # N94000003284
 1. Entity Name
 COCONUT BAY RECREATION ASSOCIATION, INC.



Principal Place of Business: *SUITE 205* Mailing Address
~~17794 SW 2ND STREET~~ *19620 PINES BLVD* P.O. BOX 820100
 C/O PINES PROPERTY MANAGEMENT C/O PINES PROPERTY MANAGEMENT
 PEMBROKE PINES, FL 33029 US SOUTH FLORIDA, FL 33082 US

20030721



01172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0549344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 EVANS, THOMAS R JR -- *SUITE 205*
 C/O PINES PROPERTY MANAGEMENT
~~17794 SW 2ND STREET~~ *19620 PINES BLVD*
 PEMBROKE PINES, FL 33029

DO NOT WRITE IN THIS SPACE

B. 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: _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FAHNESTOCK, BARBARA 17901 SW 18TH STREET MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HINDS, MITCH 1904 SW 180TH TERRACE MIRAMAR, FL 33029 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCHARD, JACQUELINE 17912 SW 18 ST MIRAMAR, FL 33029 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Barbara Fahnestock* 1-21-05 305 474 5660
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #