


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90314 045 ****61.25

DOCUMENT # N94000003284

1. Entity Name
COCONUT BAY RECREATION ASSOCIATION, INC.



Principal Place of Business 19620 PINES BLVD STE 305 C/O PINES PROPERTY MANAGEMENT PEMBROKE PINES, FL 33029 US	Mailing Address 19620 PINES BLVD STE 305 C/O PINES PROPERTY MANAGEMENT PEMBROKE PINES, FL 33029 US
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DO NOT WRITE IN THIS SPACE



02092006 No Chg-NP CR2E037 (11/05)

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
 C/O PINES PROPERTY MANAGEMENT
 19620 PINES BLVD STE 305
 PEMBROKE PINES, FL 33029**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

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	DP BLANCHARD, JACQUELINE 17912 SW 18 ST MIRAMAR FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HINDS, MITCHELL 1904 SW 18 TER MIRAMAR FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST STEWART, OCHS 18052 SW 18 STREET MIRAMAR FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-06 **954 438-6570**
 Date Daytime Phone #