

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90010 002 \*\*\*150.00

**DOCUMENT # N94000004900**

1. Entity Name  
417 COCONUT AVENUE CONDOMINIUM ASSOCIATION,  
INC.



Principal Place of Business  
417 COCONUT AVE SUITE 1  
STUART, FL 34996 US

Mailing Address  
417 COCONUT AVE SUITE 1  
STUART, FL 34996 US

**DO NOT WRITE IN THIS SPACE**



01112008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
65-0561654

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, COREY  
417 COCONUT AVE SUITE 1  
STUART, FL 34996

**DO NOT WRITE  
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
MILLER, COREY  
417 COCONUT AVE.  
STUART, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TPD  
BRADEN, DANIEL  
417 COCONUT AVENUE  
STUART, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPD  
NAYLOR, RONALD  
417 COCONUT AVE  
STUART, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
KONKUS, BETH  
417 COCONUT AVE  
STUART, FL

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 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

Date

Daytime Phone #