

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90027 021 \*\*\*\*61.25

**DOCUMENT # N95000000469**

1. Entity Name  
COCONUT SHORES RECREATION ASSOCIATION, INC.



Principal Place of Business  
~~C/O PINES PROPERTY MGT~~  
19620 W. PINES BLVD, STE 205  
PEMBROKE PINES, FL 33029 US

Mailing Address  
~~C/O PINES PROPERTY MGT~~  
P.O. BOX 820100  
SOUTH FLORIDA, FL 33082-0100 US

40036456



2. Principal Place of Business - No P.O. Box #  
11784 West Sample Rd  
Suite, Apt. #, etc. 103

3. Mailing Address  
11784 W. Sample Rd  
Suite, Apt. #, etc. #103

02142007 Chg-NP CR2E037 (12/06)

City & State  
Coral Springs FL

City & State  
Coral Springs, FL

Zip  
33065 Country US

Zip  
33065 Country US

4. FEI Number  
65-0614619

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~EVANS, THOMAS JR.~~  
~~C/O PINES PROPERTY MGT~~  
~~19620 W. PINES BLVD~~  
~~PEMBROKE PINES, FL 33029~~

7. Name and Address of New Registered Agent  
Name United Community Mgt. Corp  
Street Address (P.O. Box Number is Not Acceptable)  
11784 W. Sample Road #103  
City Coral Springs FL 33065

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 Reiner Kataras U.P. Finance United Comm Mgmt 3/1/07  
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, 2007

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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>WELCH, ERIC<br>18036 SW 29 STREET<br>MIRAMAR, FL 33029 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>BOTTFFELD, BRAM<br>18116 SW 29 STREET<br>MIRAMAR, FL 33029 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><u>Reisner Ivy</u><br><u>18215 S.W. 29th St.</u><br><u>MIRAMAR, FL 33029</u> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | T<br>MIZRACHI, LARRY<br>18171 SW 27 STREET<br>MIRAMAR, FL 33029 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>CRAIG, DOUG<br>2762 SW 179 AVE<br>MIRAMAR, FL 33029 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>SALDER, TOM<br>18206 SW 29 STREET<br>MIRAMAR, FL 33029 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: Eric Welch ERIC WELCH 3-9-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #