



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000002692 1. Entity Name COCONUT PALMS HOMEOWNERS' ASSOCIATION		
Principal Place of Business 2305 FLORIDA BLVD DELRAY BEACH, FL 33483		Mailing Address 2305 FLORIDA BLVD DELRAY BEACH, FL 33483
DO NOT WRITE IN THIS SPACE		
		
02252007 No Chg-NP CR2E037 (4/06)		
4. FEI Number 65-0956362		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
CARNEY, THOMAS F JR. 811 GEORGE BUSH BLVD. DELRAY BEACH, FL 33483		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: _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC RASENBERG, MITCHELL 2305 FLORIDA BLVD DELRAY BEACH, FL 33483	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARIS, JOHN 2301 FLORIDA BLVD DELRAY BEACH, FL 33483	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSENBERG, M CHARLES 2305 FLORIDA BLVD DELRAY BEACH, FL 33483	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 fees empowered.		
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/25/07 9548159363 Date Daytime Phone #