

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005338

**FILED**  
**Mar 12, 2010**  
**Secretary of State**

**Entity Name:** COCONUT PALMS BEACH RESORT II OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

611 S. ATLANTIC AVENUE  
NEW SMYRNA BEACH, FL 32169 US

**New Principal Place of Business:**

**Current Mailing Address:**

920 E. THIRD AVENUE  
NEW SMYRNA BEACH, FL 32169 US

**New Mailing Address:**

920 THIRD AVENUE  
NEW SMYRNA BEACH, FL 32169 US

**FEI Number:** 59-3671887

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOSMAS, JAMES M P.A.  
111 LIVE OAK STREET  
NEW SMYRNA BEACH, FL 32168 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: NICKOLIS, PULVER  
Address: 311 LASALLE STREET  
City-St-Zip: DEERFIELD, MI 49238

Title: VD  
Name: LAWRENSEN, BILL  
Address: 51C RAYLINSKY LANE  
City-St-Zip: MECHANICVILLE, NY 12118

Title: PD  
Name: KOSMAS, PAUL  
Address: 920 3RD AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL KOSMAS

PD

03/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date