

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003979

FILED
Sep 06, 2007
Secretary of State

Entity Name: COCOPULM CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5725 GREENWOOD AVENUE
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 595
VENICE, FL 34284

New Mailing Address:

FEI Number: 65-0685292 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OGRADY, CYNTHIA
3380 RUSTIC RD
NOKOMIS, FL 34275 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: PD () Delete
Name: CATTELONA, RICHARD A
Address: 5725 GREENWOOD AVE, # 8103
City-St-Zip: NORTH PORT, FL 34287

Title: VD () Delete
Name: EASTWOOD, PETER
Address: 5725 GREENWOOD AVENUE, 4202
City-St-Zip: NORTH PORT, FL 34287

Title: SD () Delete
Name: CONTI, THERESA
Address: 5725 GREENWOOD AVE 5102
City-St-Zip: NORTH PORT, FL 34287

Title: TD () Delete
Name: CHAMBERLAIN, BARBARA T
Address: 5725 GREENWOOD AVE, # 9101
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: KING, ROBERT
Address: 5725 GREENWOOD AVENUE, 8202
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EASTWOOD, PETER
Address: 5725 GREENWOOD AVENUE, 4202
City-St-Zip: NORTH PORT, FL 34287

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD CATTELONA

PD

09/06/2007

Electronic Signature of Signing Officer or Director

Date