

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90056 045 ****61.25

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DOCUMENT # N96000004162 1. Entity Name COCO BAY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 US			Mailing Address PO BOX 8726 CORAL SPRINGS, FL 33075		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0724910	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WHITTLE, CYNTHIA G C/O INTEGRITY PROPERTY MGT 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete COELLI, MIKE 6362 NW 36 AVE COCONUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BROADNAX, T. C. 6373 NW 36 AV E COCONUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES BROADNAX, T.C. <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LETTRE, CHARLES 6450 NORTHWEST 41ST STREET COCONUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETRE, CHARLES <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RICCI, NANCY 6460 NORTHWEST 41ST STREET COCONUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Ricci, NANCY <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FONTAINE-KILEY, KIM 4021 NORTHWEST 62ND COURT COCONUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Kiley, Kim <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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: <u>Nancy Ricci</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <u>1/20/05</u> Date </div>					