2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2009
Secretary of State

DOCUMENT# N96000004162

Entity Name: COCO BAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

953 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8726
CORAL SPRINGS, FL 33075

New Mailing Address:

FEI Number: 65-0724910 **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:

WHITTLE, CYNTHIA G
C/O INTEGRITY PROPERTY MGT
953 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071 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: ST ( ) Delete
Name: RICCI, NANCY
Address: 6460 NORTHWEST 41ST STREET
City-St-Zip: COCONUT CREEK, FL 33073

Title: VP ( ) Delete
Name: KIBEY, KIM
Address: 4021 NORTHWEST 62ND COURT
City-St-Zip: COCONUT CREEK, FL 33073

Title: PD ( ) Delete
Name: LAVISKY, JOHN
Address: 3762 NW 65TH CT
City-St-Zip: COCONUT GROVE, FL 33073

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: RICCI, NANCY
Address: 6460 NORTHWEST 41ST STREET
City-St-Zip: COCONUT CREEK, FL 33073

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

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

Title: S ( ) Change (X) Addition
Name: CHIDDREY, DONNA
Address: 953 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Change (X) Addition
Name: MONAGO, BILL
Address: 953 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065

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: JOHN LAVISKY P 07/29/2009
Electronic Signature of Signing Officer or Director — Date