

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006494

FILED
Jan 06, 2009
Secretary of State

Entity Name: THE RESORT ON COCOA BEACH ASSOCIATION, INC.

Current Principal Place of Business:

1600 NORTH ATLANTIC AVENUE
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

1600 NORTH ATLANTIC AVENUE
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number: 59-3526415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
311 PARK PLACE BLVD
STE 250
CLEARWATER, FL 33759 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: VPD () Delete
Name: ALLEN, FREDA
Address: 1600 N ATLANTIC AVE
City-St-Zip: COCOA BEACH, FL 32931

Title: AS () Delete
Name: SCHWARTZ, RICHARD M
Address: 1600 N ATLANTIC AVE
City-St-Zip: COCOA BEACH, FL 32931

Title: PD () Delete
Name: CHANG, PHYLLIS ANN
Address: 1600 N. ATLANTIC AVE.
City-St-Zip: COCOA BEACH, FL 32931

Title: STD () Delete
Name: VANZANDT, LARRY
Address: 1600 N. ATLANTIC AVE
City-St-Zip: COCOA BEACH, FL 32931

Title: VD () Delete
Name: GIBBINS, EUGENE
Address: 1600 N. ATLANTIC AVE
City-St-Zip: COCOA BEACH, FL 32931

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: VP () Change (X) Addition
Name: QUEEN, GEORGE
Address: 1600 N. ATLANTIC AVE
City-St-Zip: COCOA BEACH, FL 32931

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: PHYLLIS CHANG

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date