2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# N99000002323

Entity Name: COCONUT GROVE VILLAGE WEST HOMEOWNERS AND TENANTS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 331389
MIAMI, FL 33233

New Principal Place of Business:

Current Mailing Address:

3342 THOMAS AVE
MIAMI, FL 33133 US

New Mailing Address:

FEI Number: 65-0750746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSON, WILLIE J
3342 THOMAS AVE
COCONUT GROVE, FL 33133 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:	C	( ) Delete
Name:	JOHNSON, WILLIE	
Address:	3742 THOMAS AVE	
City-St-Zip:	MIAMI, FL 33137	
Title:	VC	( ) Delete
Name:	PERSON, LOTTIE	
Address:	P.O. BOX 331682	
City-St-Zip:	MIAMI, FL 33233	
Title:	S	( ) Delete
Name:	SAMUELS-DIXON, RENITA	
Address:	3463 PERCIVAL AVE	
City-St-Zip:	MIAMI, FL 33133	
Title:	T	( ) Delete
Name:	CURRY, CAROLYN S	
Address:	3070 HIBISCUS ST	
City-St-Zip:	MIAMI, FL 33133	
Title:	D	( ) Delete
Name:	JACOBS, PORTIA	
Address:	3453 CHARLES AVE	
City-St-Zip:	MIAMI, FL 33133	
Title:	D	( ) Delete
Name:	SPARKS, ROSLYN	
Address:	3090 HIBISCUS STREET	
City-St-Zip:	MIAMI, FL 33133	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	CRUZ, DENISE	
Address:	PO BOX 331433	
City-St-Zip:	MIAMI, FL 33233	
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 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: WILLIE J. JOHNSON C 01/06/2006

Electronic Signature of Signing Officer or Director — Date