2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002323

Apr 30, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 331389 3342 THOMAS AVENUE MIAMI, FL 33233 MIAMI, FL 33133 **Current Mailing Address: New Mailing Address:** 3342 THOMAS AVENUE 3342 THOMAS AVE MIAMI, FL 33133 MIAMI, FL 33133 FEI Number: 65-0750746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SANDS, PIERRE 3220 MÁTILDA STREET MIAMI, FL 33133 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SANDS, PIERRE Name: Name: 3220 MATILDA STREET Address: Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: Title: VC () Delete Title: () Change () Addition Name: PERSON, LOTTIE Name: Address: P.O. BOX 331682 Address: City-St-Zip: MIAMI, FL 33233 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, TOYA Name: Name: 3757 GRAND AVE Address: Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: Title: () Delete Title: () Change () Addition CURRY, CAROLYN S Name: Name: 3070 HIBISCUS ST Address: Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: Title: () Delete Title: (X) Change () Addition JACOBS, PORTIA JACOBS, PORTIA CHPLN Name: Name: 3453 CHARLES AVE 3453 CHARLES AVE Address: Address: MIAMI, FL 33133 City-St-Zip: City-St-Zip: MIAMI, FL 33133 Title: () Delete Title: (X) Change () Addition SPARKS, ROSLYN JOHNSON, MIOK Name: Name: Address: 3090 HIBISCUS STREET Address: 3342 THOMAS AVE MIAMI, FL 33133 MIAMI, FL 33133 City-St-Zip: 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: PIERRE SANDS C 04/30/2009