


FILED
May 03, 2005 8:00 am
Secretary of State

14015666

DOCUMENT # P00000068125				05-03-2005 90126 035 ***150.00	
1. Entity Name COCONUT WALK ESTATES, INC.					
Principal Place of Business 18235 SW 293RD STREET HOMESTEAD, FL 33030		Mailing Address 18235 SW 293RD STREET HOMESTEAD, FL 33030			
2. Principal Place of Business 11195 TAMiami TRAIL		3. Mailing Address P.O. Box 90-1787			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PUNTA GORDA, FL		City & State HOMESTEAD, FL		4. FEI Number 65-1032356	
Zip 33955		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MARCUS, MICHAEL J ESQ. 317 NORTH KROME AVENUE HOMESTEAD, FL 33030		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP D RIFF, MARCUS B 18235 SW 293RD STREET HOMESTEAD, FL 33030			TITLE NAME STREET ADDRESS CITY - ST - ZIP 211 FAIRWAY DR. HAINES CITY, FL 33844		
TITLE NAME STREET ADDRESS CITY - ST - ZIP D RIFF, LISA L 18235 SW 293RD STREET HOMESTEAD, FL 33030			TITLE NAME STREET ADDRESS CITY - ST - ZIP 211 FAIRWAY DR. HAINES CITY, FL 33844		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another line empowered.					
SIGNATURE: MARCUS B RIFF 4-26-05 941-575-9388					