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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **741034** (3)

1. Corporation Name
COCO WOOD LAKES ASSOCIATION, INC.

Principal Place of Business Mailing Address
6269 W ATLANTIC AVENUE DELRAY BEACH FL 33484

DO NOT WRITE IN THIS SPACE

9. Date Incorporated or Qualified **12/12/1977** 3a. Date of Last Report **06/14/1994**

4. FEI Number **59-1846062** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**BERTRAM EISENSTEIN
14819 HIDEAWAY LAKE LANE
DELRAY BCH FL 33484**

10. Name and Address of New Registered Agent

81 Name **Harold Kahan**
82 Street Address (P.O. Box Number is Not Acceptable) **14708 Shadow Wood Lane**
83
84 City **Delray Beach** FL 85 Zip Code **33484**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **BERTRAM EISENSTEIN**
STREET ADDRESS **14819 HIDEAWAY LAKE LANE**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **2VPD**
NAME **DON MOSCHETTI**
STREET ADDRESS **6390 TIMBERLAKES WAY**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **TD**
NAME **KORETZ, LOUIS**
STREET ADDRESS **14522 SPRINGSIDE LN**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **VPD**
NAME **D'ANDREA, LOUIS**
STREET ADDRESS **14850 WOODLODGE LANE**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **SD**
NAME **HAROLD KAHAN**
STREET ADDRESS **14708 SHADOW WOOD LANE**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **D**
NAME **BLAISE FATONE**
STREET ADDRESS **6371 HITCHIN POST WAY**
CITY-ST-ZIP **DELRAY BCH FL 33484**

1.1 TITLE Change Addition
1.2 NAME **Harold Kahan**
1.3 STREET ADDRESS **14708 Shadow Wood Lane, Delray**
1.4 CITY-ST-ZIP **Beach FL 33484**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME **D**
3.3 STREET ADDRESS **Heinz Sommer Beach FL 33484**
3.4 CITY-ST-ZIP **14640 Country Side Lane, Delray**

4.1 TITLE Change Addition
4.2 NAME **D**
4.3 STREET ADDRESS **Rosario Prinzi**
4.4 CITY-ST-ZIP **14672 Hideaway Lake Lane Delray Beach FL 33484**

5.1 TITLE Change Addition
5.2 NAME **SD**
5.3 STREET ADDRESS **Muriel Reiffe**
5.4 CITY-ST-ZIP **14530 Springside Lane, Delray**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harold Kahan (407) 495-1133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
HAROLD KAHAN