

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742647

1. Entity Name

COCO PALMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

700 WEST VENICE AVE
VENICE FL 34285

Mailing Address

700 WEST VENICE AVE
VENICE FL 34285-2058

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2403246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN REALTY OF VENICE, INC.
700 W. VENICE AVE.
VENICE FL 34285

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CARPENTER, DOYLE
STREET ADDRESS 700 WEST VENICE AVENUE, UNIT 207
CITY-ST-ZIP VENICE FL 34285

TITLE VSD ☐ Delete
NAME HUGHES, RUSSELL
STREET ADDRESS 700 W. VENICE, UNIT 107
CITY-ST-ZIP VENICE FL 34285

TITLE TD ☐ Delete
NAME RUSSO, JAMES
STREET ADDRESS 700 W. VENICE AVENUE, #101
CITY-ST-ZIP VENICE FL 34285

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Russell A. Hughes

3/28/00

Date

(941) 480-1105

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)