

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743208
 1. Entity Name
 COCO PLUM AT JACARANDA HOMEOWNERS
 ASSOCIATION INC

02-26-2001 90506 032 ****61.25

FILED

01 FEB 26 AM 10:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 ANDRE PERLO DF GOUVERT
 921 COCO PLUM WAY 6842 BRIDLEWOOD CT
 PLANTATION FL 33324 BOCA RATON, FL
 33433

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 SAME

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
 65-0315995 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOLORES F GOUVERT
 6842 BRIDLEWOOD CT
 BOCA RATON, FL 33433

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 Andrey F Gouvert 2/7/01
 Signature: typed or printed name of registered agent and fee 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 NAME STREET ADDRESS CITY-ST-ZIP	PERLO ANDRE 921 COCO PLUM WAY PLANTATION, FL 33324	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D TOBIAS, BILL 801 SW 89TH TERRACE PLANTATION, FL 33324	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SID FRIEDMAN SUZANNE 921 COCO PLUM WAY PLANTATION, FL 33324	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D BELL, GERALD 883 W. COCO PLUM CIRCLE PLANTATION, FL 33324	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EOTEN HOWARD 873 W. COCO PLUM CIRCLE PLANTATION, FL 33324	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: Andrey F Gouvert
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/01 (954) 4735049
 Date Daytime Phone #

CR2E037 (11/00)

2/27/01