

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743208

FILED
Mar 10, 2009
Secretary of State

Entity Name: COCO PLUM AT JACARANDA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

DEAN DALBERY
843 WEST COCO PLUM CIRCLE
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

POB 15624
FORT LAUDERDALE, FL 33318

New Mailing Address:

A & W PROPERTY MANAGEMENT
773 N W 100 TERRACE
PLANTATION, FL 33324

FEI Number: 65-0315995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, ARLINE
A&W PROPERTY MGMT INC
9715 W BROWARD BLVD PMB 235
PLANTATION, FL 33424 US

Name and Address of New Registered Agent:

WALKER, ARLINE
A&W PROPERTY MGMT INC
773 N W 100 TERRACE
PLANTATION, FL 33424 US

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: ARLINE WALKER

03/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: BRAUNSTEIN, BARBARA
Address: 8970 SW 8 ST
City-St-Zip: PLANTATION, FL 33324

Title: PD () Delete
Name: DALBERY, DEAN
Address: 843 WEST COCO PLUM CIRCLE
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: HAUSER, ROBERT
Address: 8951 SW 8TH ST.
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: DS () Delete
Name: REO, MAUREEN
Address: 842 W COCO PLUM CIRCLE
City-St-Zip: PLANTATION, FL 33324

Title: DT () Delete
Name: PERLO, ANDRE
Address: 921 COCO PLUM WAY
City-St-Zip: FORT LAUDERDALE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HAUSER, ROBERT
Address: 8951 SW 8 ST
City-St-Zip: PLANTATION, FL 33324

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: PERLO, ANDRE
Address: 921 COCO PLUM WAY
City-St-Zip: PLANTATION, FL 33324

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: ARLINE WALKER

MGR

03/10/2009

Electronic Signature of Signing Officer or Director

Date