

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PH 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19014 (2)

1. Corporation Name

THE SHORES AT COCO PLUM CONDOMINIUM ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

8042 PORPOISE DR.
MARATHON FL 33050

8042 PORPOISE DR.
MARATHON FL 33050

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1987

3a. Date of Last Report

03/15/1994

4. FEI Number

59-2632673

Applied For

Not Applicable

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORIS, ALBERT N
BECKER & POLIAKOFF, PA
6161 BLUE LAGOON DR #250
MIAMI FL 33126

81 Name Nancy E. Barshter, Esquire

82 Street Address (P.O. Box Number is Not Acceptable)

Becker & Poliakoff, P.A.

83 6161 Blue Lagoon Drive, Suite #250

84 City Miami

FL

85 Zip Code 33126

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 607.0503, Florida Statutes.

SIGNATURE

Nancy E. Barshter for Becker & Poliakoff, P.A. 2/1/95

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

(NOTE: Registered Agent signature required when changing.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

GOLLY, MARIE

STREET ADDRESS

34 COCO PLUM DR.

CITY - ST - ZIP

MARATHON FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

LARSON, AMY

STREET ADDRESS

117 COCOPLUM DR.

CITY - ST - ZIP

MARATHON FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

VICKI, GARBEDIAU

STREET ADDRESS

117 COCOPLUM DR.

CITY - ST - ZIP

MARATHON FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

Marie Golly MARIE GOLLY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/95

DATE

305-443-4328

TELEPHONE NUMBER