


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90079 018 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19014**

1. Corporation Name

**THE SHORES AT COCO PLUM CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

117 COCO PLUM DRIVE  
MARATHON FL 33050  
US

Mailing Address

8042 PORPOISE DR.  
MARATHON FL 33050



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/30/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2632673	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent

**BARSHTER, NANCY E ESQUIRE**  
**BECKER & POLIAKOFF, P.A.**  
**6161 BLUE LAGOON DRIVE, SUITE 250**  
**MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLLY, MARIE	1.2 NAME	Robert Shubert
STREET ADDRESS	34 COCO PLUM DR.	1.3 STREET ADDRESS	117 Coco Plum #9
CITY-ST-ZIP	MARATHON FL	1.4 CITY-ST-ZIP	Marathon, FL 33050
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLANTE, CAROLE	2.2 NAME	Deo Dobbins
STREET ADDRESS	117 COCO PLUM DR	2.3 STREET ADDRESS	117 Coco Plum Dr. #12
CITY-ST-ZIP	MARATHON FL 33080	2.4 CITY-ST-ZIP	Marathon, FL 33050
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLBY, JAMES	3.2 NAME	Judith Mich
STREET ADDRESS	117 COCO PLUM	3.3 STREET ADDRESS	117 Coco Plum Dr. #10
CITY-ST-ZIP	MARATHON FL 33050	3.4 CITY-ST-ZIP	Marathon, FL 33050
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKES, BRICKHAM	4.2 NAME	
STREET ADDRESS	117 COCO PLUM	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, AMY	5.2 NAME	
STREET ADDRESS	117 COCO PLUM DR #2	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL 33050	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99  
Date

305.743.4894  
Daytime Phone #

CR2E037 (11/98)