2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19014

FILED Mar 08, 2009 Secretary of State

Entity Name: THE SHORES AT COCO PLUM CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 117 COCO PLUM DRIVE MARATHON, FL 33050 US **Current Mailing Address: New Mailing Address:** P.O. BOX 510792 KEY COLONY BEACH, FL 33051 FEI Number: 59-2632673 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SVENDSEN, RENEE 530 10TH STREET KEY COLONY BEACH, FL 33051 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LARSON, AMY Name: Name: P.O. BOX 510881 Address: Address: City-St-Zip: KEY COLONY BEACH, ME 33051 City-St-Zip: Title: Title: () Delete (X) Change () Addition SKEHAN, RICK Name: SKEHAN, RICK Name: Address: 117 COCO PLUM DR Address: 117 COCO PLUM DR #15 City-St-Zip: MARATHON, FL 33080 City-St-Zip: MARATHON, FL 33080 Title: () Delete Title: SVD (X) Change () Addition COLBY, MARY COLBY, MARY Name: Name: 6523 CLAGOTT AVE. 6523 CLAGETT AVE. Address: Address: City-St-Zip: FAIRHAVEN, MD 20779 City-St-Zip: FAIRHAVEN, MD 20779 Title: SD Title: DT (X) Change () Addition () Delete Name: GOLLY, MARIE Name: THOMAS, INGRAM 117 COCO PLUM DR., 8 Address: Address: 6 STONEY HILL RD City-St-Zip: MARATHON, FL 33050 City-St-Zip: ROCKPORT, ME 04856 Title: () Delete Title: (X) Change () Addition MAZZOLA, HANK SHANE, JOHN Name: Name: 49 THORBIRD WAY 10907 OLD BRIDGE ROAD Address: Address: NEWTOWN SQUARE, PA 19073 City-St-Zip: City-St-Zip: ANCHORAGE, KY 40223

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: AMY LARSON PRES 03/08/2009