

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 MAY -1 PM 3:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N93000003475 (1)

1. Corporation Name

**COCONUTS AT BONAVENTURE HOMEOWNERS ASSOCIATION,
INC.**

**POSTED
5/27/95**

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

**1350 E NEWPORT CENTER DR.
#200
DEERFIELD BEACH FL 33442**

**1350 E NEWPORT CENTER DR.
#200
DEERFIELD BEACH FL 33442**

3. Date Incorporated or Qualified

3a. Date of Last Report

08/03/1993

05/27/1994

4. FEI Number

Applied For

65-0430072

Not Applicable

2. Principal Place of Business

2a. Mailing Address

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

**21 951 BONAVENTURE SOUND HWY
Suite, Apt. #, etc.**

**26 951 BONAVENTURE SOUND HWY
Suite, Apt. #, etc.**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

22 250

27 250

City & State

City & State

23 BOCA RATON, FL

28 BOCA RATON, FL

Zip

Country

Zip

Country

24 33487

25 P. Beach

29 33487

30 P. Beach

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PULTE HOME CORPORATION
1350 E. NEWPORT CENTER DR.
#200
DEERFIELD BEACH FL 33442**

81 Name

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

83

84 City

85 State

86 Zip Code

COMMUNITY ASSOCIATION (SUPER)

951 BONAVENTURE SOUND HWY, SUITE 250

BOCA RATON

FL

33487

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 607.0505, Florida Statutes.

SIGNATURE

[Signature]

[Signature]

DATE

5/26/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	REEGER, STEVEN C
STREET ADDRESS	1350 E. NEWPORT CENTER DR., STE. 200
CITY - ST - ZIP	DEERFIELD BEACH FL 33442
TITLE	DV
NAME	HERNANDEZ, TIMOTHY E
STREET ADDRESS	1350 E. NEWPORT CENTER DR., STE. 200
CITY - ST - ZIP	DEERFIELD BEACH FL 33442
TITLE	DST
NAME	HOFFMAN, JILL
STREET ADDRESS	1350 E. NEWPORT CENTER DR., STE. 200
CITY - ST - ZIP	DEERFIELD BEACH FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	UNIKAWT ARENAS
13 STREET ADDRESS	50. KEY WEST CR.
14 CITY - ST - ZIP	SWANEE, FL 33326
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SANDRO CHIFARI
23 STREET ADDRESS	16665 HEMINGWAY
24 CITY - ST - ZIP	SWANEE, FL 33326
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Barbie brewberg
33 STREET ADDRESS	33 TIVANU DR.
34 CITY - ST - ZIP	SWANEE, FL 33326
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	George W. Timmer
43 STREET ADDRESS	16655 HEMINGWAY DR.
44 CITY - ST - ZIP	SWANEE, FL 33326
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	FRANKLIN TUCKER
53 STREET ADDRESS	70 LINDWOOD CR.
54 CITY - ST - ZIP	SWANEE FL 33326
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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)(b), 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:

[Signature]

420-95

407-994-1788