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FILED

Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N93000003475 (1)
1. Corporation Name
COCONUTS AT BONAVENTURE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: %GABLES PROPERTY MANAGEMENT, INC. 3300 CORPORATE AVE., STE 110 WESTON FL 33331
Mailing Address: %GABLES PROPERTY MANAGEMENT, INC. 3300 CORPORATE AVE., STE 110 WESTON FL 33331

3. Date Incorporated or Qualified: 08/03/1993
4. FEI Number: 65-0430072
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: KREILING, EDWARD ESQUIRE, 2500 WESTON ROAD, STE 220, WESTON FL 33331

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MANCINELLI, PAUL | |
| STREET ADDRESS | 16641 HEMINGWAY DR | |
| CITY-ST-ZIP | WESTON FL 33326 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | MARKS, JOY | |
| STREET ADDRESS | 64 SIMONTON CIRCLE | |
| CITY-ST-ZIP | WESTON FL 33326 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | DIFEDE, CHUCK | |
| STREET ADDRESS | 16688 HEMINGWAY DRIVE | |
| CITY-ST-ZIP | WESTON FL 33326 | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | SICARELLA, DIANA | |
| STREET ADDRESS | 66 SIMONTON CIRCLE | |
| CITY-ST-ZIP | WESTON FL 33326 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BURNS, MIKE | |
| STREET ADDRESS | 74 SIMONTON CIRCLE | |
| CITY-ST-ZIP | WESTON FL 33326 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | SD POPOVICH, THOMAS |
| 4.3 STREET ADDRESS | 72 SIMONTON CIRCLE |
| 4.4 CITY-ST-ZIP | WESTON, FL. 33326 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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.

SIGNATURE: *Chuck DifeDE* CHUCK DIFEDE, (954) 399-2198

CR2E037 (10/97)