

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N93000003475**

1. Entity Name

**COCONUTS AT BONAVENTURE HOMEOWNERS ASSOCIATION,**

Principal Place of Business

Mailing Address

**%GABLES PROPERTY MANAGEMENT, INC.  
3300 CORPORATE AVE., STE 110  
WESTON FL 33331**

**%GABLES PROPERTY MANAGEMENT, INC.  
3300 CORPORATE AVE., STE 110  
WESTON FL 33331-3504**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0430072**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**KREILING, EDWARD ESQUIRE  
2500 WESTON ROAD  
STE 220  
WESTON FL 33331**

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BURNS, MIKE</b>	
STREET ADDRESS	<b>74 SIMONTON CIRCLE</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MARKS, JOY</b>	
STREET ADDRESS	<b>64 SIMONTON CIRCLE</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>DIFEDE, CHUCK</b>	
STREET ADDRESS	<b>16688 HEMINGWAY DRIVE</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>POPOVICH, THOMAS</b>	
STREET ADDRESS	<b>72 SIMONTON CIRCLE</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BURNS, MIKE</b>	
STREET ADDRESS	<b>74 SIMONTON CIRCLE</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>500003496735--1</b>	
CITY-ST-ZIP	<b>-12/12/00--01035--006</b>	
	<b>*****61.25 *****61.25</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>500003496735--1</b>	
CITY-ST-ZIP	<b>-12/12/00--01035--007</b>	
	<b>****175.00 ****175.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Nov 14 2000*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 20 PM 2:24



REINSTATEMENT

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CR2E037 (9/99)