

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91536 028 ****61.25

DOCUMENT # N94000005952

1. Entity Name
COCONUT COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 142 PINE HILL TRAIL WEST TEQUESTA FL 33469	Mailing Address 142 PINE HILL TRAIL WEST TEQUESTA FL 33469
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4 COCONUT LANE	3. Mailing Address 4 COCONUT LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tequesta FL	City & State Tequesta FL	4. FEI Number 65-0543945	Applied For <input type="checkbox"/> Not Applicable
Zip 33469	Country Palm Beach	Zip 33469	Country Palm Beach

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
RIPMA, GORDON
142 PINE HILL TRAIL WEST
TEQUESTA FL 33469

7. Name and Address of New Registered Agent
 Name **Joyce Straley**
 Street Address (P.O. Box Number is Not Acceptable)
4 COCONUT LN
 City **Tequesta FL** Zip Code **33469**

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]* *Joyce V Straley*
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	
TITLE PTD	<input checked="" type="checkbox"/> Delete
NAME RIPMA, GORDON R	
STREET ADDRESS 142 PINE HILL TRAIL WEST	
CITY-ST-ZIP TEQUESTA FL 33469	
TITLE VSD	<input checked="" type="checkbox"/> Delete
NAME RIPMA, JERILEE	
STREET ADDRESS 142 PINE HILL TRAIL WEST	
CITY-ST-ZIP TEQUESTA FL 33469	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME DEWITT, BETTY	
STREET ADDRESS 11 DEWITT TERRACE	
CITY-ST-ZIP TEQUESTA FL 33469	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Jay Fisher	
STREET ADDRESS 36 COCONUT LANE	
CITY-ST-ZIP Tequesta, FL 33469	
TITLE VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Charles Immucci	
STREET ADDRESS 32 COCONUT LANE	
CITY-ST-ZIP Tequesta FL 33469	
TITLE STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Joyce Straley	
STREET ADDRESS 4 COCONUT LANE	
CITY-ST-ZIP Tequesta FL 33469	
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	
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]* **SIGNATURE REQUIRED** Date **5/30/02** Daytime Phone # **6617451410**

CR2E037 (9/01)