

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

001522

DOCUMENT # **N94000005952**

1. Entity Name

**COCONUT COVE HOMEOWNERS ASSOCIATION, INC.**



08-25-2003 90103 014 \*\*\*\*61.25

Principal Place of Business

**4 COCONUT LANE  
TEQUESTA FL 33469**

**16**

Mailing Address

**4 COCONUT LANE  
TEQUESTA FL 33469**

2. Principal Place of Business

**16 COCONUT Lane**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**TEQUESTA, FL**

City & State

4. FEI Number **65-0543945**

Applied For

Not Applicable

Zip  
**33469**

Country  
**Palm Beach**

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STRALEY, JOYCE  
4 COCONUT LN  
TEQUESTA FL 33469**

**SHAMMAS, RICHARD  
16 COCONUT Lane  
TEQUESTA, FL 33469**

7. Name and Address of New Registered Agent

Name **RICHARD SHAMMAS**

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

**16 COCONUT Lane**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Richard Shammass*

**RICHARD SHAMMAS**

**8-21-03**

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**  
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FISHER, JAY 36 COCONUT LANE TEQUESTA FL 33469</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD IMMUCCI, CHARLES 32 COCONUT LANE TEQUESTA FL 33469</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD STRALEY, JOYCE 4 COCONUT LANE TEQUESTA FL 33469</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURE RICHARD SHAMMAS 16 COCONUT Lane, TEQUESTA, FL 33469</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Richard Shammass*

**RICHARD SHAMMAS 8-21-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)