

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19014

**Entity Name:** THE SHORES AT COCO PLUM CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Feb 07, 2023**  
**Secretary of State**  
**3024924354CC****Current Principal Place of Business:**800 DUCK KEY DRIVE  
MARATHON, FL 33050**Current Mailing Address:**800 DUCK KEY DRIVE  
MARATHON, FL 33050 US**FEI Number: 59-2632673****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KOBY, MICHELLE  
800 DUCK KEY DRIVE  
MARATHON, FL 33050 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	AVILA, ANGELINE
Address	117 COCO PLUM DRIVE, UNIT 13
City-State-Zip:	MARATHON FL 33050

Title	SECRETARY, TREASURER
Name	FORD, TERRI
Address	117 COCO PLUM DRIVE, UNIT 7
City-State-Zip:	MARATHON FL 33050

Title	PRESIDENT
Name	MITCHELL, JENNINGS
Address	117 COCO PLUM DRIVE, UNIT 16
City-State-Zip:	MARATHON FL 33050

Title	VP
Name	COOPER, CRAIG
Address	117 COCO PLUM DRIVE, UNIT 5
City-State-Zip:	MARATHON FL 33050

Title	DIRECTOR
Name	VON ARB, PATRICIA
Address	117 COCO PLUM DRIVE, UNIT 6
City-State-Zip:	MARATHON FL 33050

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JENNINGS MITCHELL****PRESIDENT****02/07/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date