


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90047 028 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 741267**

1. Corporation Name  
**COCO LAKE ESTATES HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business 8831 COCO PLUM MANOR PLANTATION FL 33324 US	Mailing Address 861 E. COCO PLUM CIRCLE PLANTATION FL 33324
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2. Principal Place of Business 21 <b>940 E COCO PLUM CIR.</b> Suite, Apt. #, etc. 22 City & State 23 <b>PLANTATION FL</b> Zip Country 24 <b>33324</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>940 E COCO PLUM CIR.</b> Suite, Apt. #, etc. 27 City & State 28 <b>PLANTATION FL</b> Zip Country 29 <b>33324</b> 30 <b>USA</b>	3. Date Incorporated or Qualified <b>12/30/1977</b> 4. FEI Number <b>65-0069591</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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9. Name and Address of Current Registered Agent <b>SAVARICK, ROY</b> <b>8831 COCO PLUM MANOR</b> <b>PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent 81 Name <b>RALPH S. FRANCIS</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5305 W. BROWARD BLVD.</b> 83 84 City <b>PLANTATION</b> 85 Zip Code <b>FL 33317</b>
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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  **RALPH S. FRANCIS** DATE **4/27/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAVARICK, ROY 8831 COCO PLUM MANOR PLANTATION FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P, D RALPH S. FRANCIS 940 E. COCO PLUM CIR. PLANTATION, FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAIL, JAMAL 8830 COCCO PLUM MANOR PLANTATION FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D GAIL JAMAL 8830 COCO PLUM MANOR PLANTATION, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHWARTZ, ELLIOT 8810 COCO PLUM MANOR PLANTATION FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S, D RENEE SCHWARTZ 8810 COCO PLUM MANOR PLANTATION, FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VP, D STANLEY JACK 8771 SW 8 ST. PLANTATION FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	T, D SHARON COHEN 880 E COCO PLUM CIR. PLANTATION, FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:  **RALPH S. FRANCIS** DATE **4/27/99** DAYTIME PHONE # **954-581-0202**

CR2E037 (1/98)