

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90131 009 \*\*\*\*61.25

**DOCUMENT # 741267**

1. Entity Name

**COCO LAKE ESTATES HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

940 E. COCO PLUM CIR.  
PLANTATION FL 33324  
US

Mailing Address

*Dolores Gouvert*  
6842 BRIDLEWOOD COURT  
BOCA RATON FL 33433  
US

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

**65-0069591**

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

**FRANCIS, RALPH S**  
**5305 W. BROWARD BLVD**  
**PLANTATION FL 33317**

Name

*John R. Lonergan, Esq.*

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

*12520 World Plaza Lane, Suite 1*  
City *Fort Myers* FL Zip Code *33907*

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

*2/23/02*

**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 **D** ☒ Delete  
NAME **FRANCIS, RALPH S**  
STREET ADDRESS **940 E. COCO PLUMB CIR.**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **PD** ☐ Delete  
NAME **ATKINSON, JOHN**  
STREET ADDRESS **921 SW 88 TERRACE**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **VPD** ☐ Delete  
NAME **MARKS, DANETTE**  
STREET ADDRESS **901 SW 88 TERRACE**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **TD** ☐ Delete  
NAME **KRAMER, HOWARD**  
STREET ADDRESS **941 SW 88TH TERRACE**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **SD** ☒ Delete  
NAME **GREITZER, AMY**  
STREET ADDRESS **900 SW 88TH TERRACE**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*John R. Lonergan, Esq.*

*2-12-02*

*954-472-9566*

CR2E037 (9/01)