FILED Mar 09, 2004 8:00 am **Secretary of State**

Daytime Phone #

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03-09-2004 90029 046 ****61.25 **DOCUMENT #741267** COCO LAKE ESTATES HOMEOWNER'S ASSOCIATION. Principal Place of Business Mailing Address 940 E. COCO PLUM CIR. **DOLORES GOUVERT** 44016005 PLANTATION, FL 33324 6842 BRIDLE WOOD COURT BOCA RATON, FL 33433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302004 Chq-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 65-0069591 Not Applicable - Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LONERGAN, JOHN R ESQ 12520 WORLD PLAZA LANE Street Address (P.O. Box Number is Not Acceptable) SUITE 1 FORT MYERS, FL 33907 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD ☐ Delete TITLE ☐ Change Addition ATKINSON, JOHN NAME NAME 921 SW 88 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATIONM, FL 33324 CITY-ST-ZIP ☐ Delete TITLE TIRE \mathcal{D} Change Addition MARKS, DANETTE NAME NAME STREET ADDRESS 901 SW 88 TERRACE STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33324 CITY-ST-7IP TITLE ☐ Delete TITLE - Change -☐ Addition NAME SIESOR, GARY NAME 880 E. COCO PLUM CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33324 CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ★ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS 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 any particless, with all other like empowered. 3-1-04 SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR