

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90081 004 \*\*\*\*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

**881 E. Coco Plum Circle**  
**Plantation, FL 33324**

Mailing Address

**DOLORES GOUVERT**  
**6842 BRIDLE WOOD COURT**  
**BOCA RATON, FL 33433 US**

**40014821**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**65-0069591**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~LONERGAN, JOHN RESQ~~  
~~12520 WORLD PLAZA LANE~~  
~~SUITE 1~~  
~~FORT MYERS, FL 33907~~

7. Name and Address of New Registered Agent

Name **Dolores F. Gouvert**

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

**6842 Bridle Wood Court**

City **Boca Raton**

FL

Zip Code **33433**

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

*Dolores F. Gouvert*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*1/26/05*

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

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

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

TITLE **TD** ☒ Delete  
NAME ~~SIEGOR, GARY~~  
STREET ADDRESS ~~880 E. COCO PLUM CIRCLE~~  
CITY-ST-ZIP ~~FORT LAUDERDALE, FL 33324~~

TITLE **V.P.D.** ☒ Delete  
NAME ~~EZROL, KERRY~~  
STREET ADDRESS ~~881 E COCO PLUM CIRCLE~~  
CITY-ST-ZIP ~~PLANTATION, FL 33324~~

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **Kerry Ezrol**  
STREET ADDRESS **881 E Coco Plum Circle**  
CITY-ST-ZIP **Plantation, FL 33324**

TITLE **V.P.D.** ☒ 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 **TD Howard Kramer**  
STREET ADDRESS **941 SW 88 Terr**  
CITY-ST-ZIP **Plantation, FL 33324**

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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date


Daytime Phone #

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

COPY

40014821

<b>DOCUMENT # 741267</b>					
<b>1. Entity Name</b> COCO LAKE ESTATES HOMEOWNER'S ASSOCIATION, INC.					
<b>Principal Place of Business</b> 940 E. COCO PLUM CIR. PLANTATION, FL 33324 US <i>881 E. Coco Plum Circle Plantation, FL 33324</i>			<b>Mailing Address</b> DOLORES GOUVERT 6842 BRIDLE WOOD COURT BOCA RATON, FL 33433 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0069591	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LONERGAN, JOHN RESQ 12520 WORLD PLAZA LANE SUITE 1 FORT MYERS, FL 33907			<b>7. Name and Address of New Registered Agent</b> Name: <i>Dolores F. Gouvert</i> Street Address (P.O. Box Number is Not Acceptable): <i>6842 Bridle Wood Court</i> City: <i>Boca Raton</i> FL <i>33433</i>		
<b>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.</b>					
SIGNATURE: <i>Dolores F. Gouvert</i> DATE: <i>1/26/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ATKINSON, JOHN 921 SW 88 TERRACE PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Kerry Ezrol 881 E Coco Plum Circle Plantation, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARKS, DANETTE 901 SW 88 TERRACE PLANTATION, FL 33324 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SIEGOR, GARY 880 E COCO PLUM CIRCLE FORT LAUDERDALE, FL 33324 <input checked="" 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	VPD EZROL, KERRY 881 E COCO PLUM CIRCLE PLANTATION, FL 33324 <input checked="" 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	SD GREITZER, AMY 900 SW 88TH TERR PLANTATION, FL 33324 <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"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Howard Kramer 941 SW 88 Terr Plantation, FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					