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

02-07-2005 90081 004 ****61.25

ANNUAL REPORT								
DOCUMENT # 741267								
1. Entity Name	144							

COCO LAKE ESTATES HOMEOWNER'S ASSOCIATION, Principal Place of Business Mailing Address 40014821 940 E. COCO PLUM CIR. **DOLORES GOUVERT** PLANTATION, FL-33324 6842 BRIDLE WOOD COURT 881 E. Cocoflyn Plantation FL 3 2. Principal Place of Business BOCA RATON, FL 33433 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252005 CR2E037 (10/03) City & State City & State Applied For 65-0069591 Not Applicable Zip Country 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 LONEROAN, JOHN R ESC Street Address (P.O. Box Number is Not Acceptable) 12520-WORLD-PLAZA-LANE SUITE'1 FORT MYERS, FL -33007 8. The above named entity submits this statement for the purpose of changing its registered office or register red 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) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PD Kerry Ezrol Circl 881 E Coco Plum Circl TITLE ₽D TITLE **M**Defete ATKINSON, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 921 SW 88 TERRACE plantation, FL33924 CITY-ST-ZIP PLANTATIONM, FL 33324 CITY-ST-ZIP TITLE ☐ Oelete TITLE Change ☐ Addition MARKS, DANETTE NAME NAME 901 SW 88 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33324 CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS 880.5-COCO PI-UM CIRCLE STREET ADDRESS **EORT LAUDERDALE, FL 33324** CITY-\$1-ZIP CITY-ST-ZIP Celete TITLE ☐ Change Addition TITLE EZROL, KERRY NAME NAME 881 E COCO PLUM CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33324 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE GREITZER, AMY NAME NAME STREET ADDRESS 900 SW 88TH TERR STREET ADDRESS PLANTATION, FL 33324 CITY-ST-ZIP CITY-ST-ZIP D Howard Kramer Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ar

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

ATTACHMENT

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 741267 1. Entity Name COCO LAKE ESTATES HOMEOWNER'S ASSOCIATION, INC.							(CC	P	Y	
Principal Place of 940 E. COCO PLANTATION, I	LUM CIR.	Mailing Address DOLORES GOUVERT 6842 BRIDLE WOOD CO BOCA RATON, FL 3343					400	014	86	7/	
2. Principal Pla	ce of Business	3. Mailing Address									
Suite, Apt. #.	. etc.	Suite, Apt. #, etc.				01252005	Chg-N	IP 	CR2E037	7 (10/03)	
City & State		City & State				4. FEI Numb 65-006				<u> </u>	olied For Applicable
Zip	Country Zip		Count	Country 5. Certifica			icate of Status Desired Status Desir				
	6. Name and Address of Current F	Registered Agent		Name	-	7. Name and	Address	of New Re	gistered A	gent	
LONERGAN JOHN R ESC 12520 WORLD PLAZA LANE SUITE'1 FORT MYERS, FL 33007				Street Address (P.O. Box Number is Not Acceptable) 6842 Bride Wood Court City							
9 The above o	named entity submits this statement for	the ourness of changing its	registeres	Loffice or re	COL	tagent or bo	th in the	State of Flor	FL	1334	<u>55</u>
SIGNATURE _	Signature, typed or printed name of registered agents Filling Fee is \$61.25	9. Election Car	npaign Fir		. 1	5.00 May	Be			25—	
	Due by May 1, 2005	Trust Fund (Contributio	on. L	4 . لـ	dded to Fees	·	Flori	da Depart	ment of St	ate
10.	OFFICERS AND DIF		11.	~		DDITIONS/CH			S AND DIF		
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IIILE	TD	Delete	TITLE							Change	Addition
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CITY-ST-ZIP	PLANTATION, FL 23324		_	SI-ZIP		•					
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NAME .		, •	MAM	E ADDRESS	, –	941	รเม	88 T	occ.		•
CITY ST-ZIP			1	-ST-ZIP	OL	s How 941 20tas	1,00	FL	322	124	
12. I hereby indicated of the cor	Learning that the information supplied will on this report or supplemental report poration or the receiver or trustee empty, or on an attachment with an address,	is true and accurate and that powered to execute this repo	or the exe my signa rt as requi	mption state ture shall ha	ed in Sea ave the s	ction 119.07() same legal eff	3)(i), Flori ect as if r	da Statutes. nade under	I further ce oath: that I	rilly that the i am an office	ntormation r or director
SIGNAT	URE:	PRINTED NAME OF SIGNING OFFICE	A OH DIREC	TOR				ale		Daytime Phone #	