

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90048 034 ****61.25

DOCUMENT # 741267

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



Principal Place of Business
**881 E. COCO PLUM CIRCLE
PLANTATION, FL 33324 US**

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

50004241



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072006

Chg-NP

CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

**GOUVERT, DOLORES F
6842 BRIDLEWOOD COURT
BOCA RATON, FL 33433**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME EZROL, KERRY
STREET ADDRESS 881 E. COCO PLUM CIRCLE
CITY-ST-ZIP PLANTATION, FL 33324

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME **JOHN ATKINSON**
STREET ADDRESS **921 SW 88 TERRACE**
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #