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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **743208** (1)

1. Corporation Name
COCO PLUM AT JACARANDA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
**C/O SUZANNE JOY DORFMAN-FRIEDMAN
901 COCO PLUM WAY
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/12/1978	3a. Date of Last Report 01/21/1994
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

9. Name and Address of Current Registered Agent

**DORFMAN-FRIEDMAN, SUZANNE JOY
901 COCO PLUM WAY
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Suzanne Joy Dorfman-Friedman* DATE **1/12/95**

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	FRIEDMAN, SUZANNE
STREET ADDRESS	901 COCO PLUM WAY
CITY-ST-ZIP	PLANTATION FL
TITLE	V
NAME	RUBIN, ROSE
STREET ADDRESS	901 COCO PLUM WAY
CITY-ST-ZIP	PLANTATION FL
TITLE	TDS
NAME	FARBIARZ, DIANNE
STREET ADDRESS	901 COCO PLUM WAY
CITY-ST-ZIP	PLANTATION FL
TITLE	D
NAME	RICCI, AGNES
STREET ADDRESS	901 COCO PLUM WAY
CITY-ST-ZIP	PLANTATION FL
TITLE	D
NAME	HAUSER, ROBERT
STREET ADDRESS	901 COCO PLUM WAY
CITY-ST-ZIP	PLANTATION FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SUZANNE FRIEDMAN	
1.3 STREET ADDRESS	901 COCO PLUM WAY	
1.4 CITY-ST-ZIP	Plantation, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Robert Baker	
4.3 STREET ADDRESS	901 COCO PLUM WAY	
4.4 CITY-ST-ZIP	Plantation, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Adele Kolstein	
6.3 STREET ADDRESS	901 COCO PLUM WAY	
6.4 CITY-ST-ZIP	Plantation, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Suzanne Friedman, President*