

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 743208 (1)**  
 1. Corporation Name  
**COCO PLUM AT JACARANDA HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business C/O SUZANNE JOY DORFMAN-FRIEDMAN 901 COCO PLUM WAY PLANTATION FL 33324	Mailing Address C/O SUZANNE JOY DORFMAN-FRIEDMAN 901 COCO PLUM WAY PLANTATION FL 33324
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3. Date Incorporated or Qualified <b>06/12/1978</b>	3a. Date of Last Report <b>03/01/1995</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country 30.
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<b>9. Name and Address of Current Registered Agent</b>  DORFMAN-FRIEDMAN, SUZANNE JOY 901 COCO PLUM WAY PLANTATION FL 33324	<b>10. Name and Address of New Registered Agent</b> 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 85. Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO FRIEDMAN, SUZANNE 901 COCO PLUM WAY PLANTATION FL	<input type="checkbox"/> DELETE	11. TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIEDMAN, SUZANNE		12. NAME DAVID ROSSNER
STREET ADDRESS	901 COCO PLUM WAY		13. STREET ADDRESS 900 COCO PLUM WAY
CITY-ST-ZIP	PLANTATION FL		14. CITY-ST-ZIP PLANTATION, FL. 33324
TITLE	V RUBIN, ROSE 901 COCO PLUM WAY PLANTATION FL	<input type="checkbox"/> DELETE	2.1. TITLE V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, ROSE		2.2. NAME SUZANNE FRIEDMAN
STREET ADDRESS	901 COCO PLUM WAY		2.3. STREET ADDRESS 901 COCO PLUM WAY
CITY-ST-ZIP	PLANTATION FL		2.4. CITY-ST-ZIP PLANTATION, FL. 33324
TITLE	TDS FARBIARZ, DIANNE 901 COCO PLUM WAY PLANTATION FL	<input type="checkbox"/> DELETE	3.1. TITLE TS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARBIARZ, DIANNE		3.2. NAME BLANCHE A. STROUSE
STREET ADDRESS	901 COCO PLUM WAY		3.3. STREET ADDRESS 840 S.W. 89 TERRACE
CITY-ST-ZIP	PLANTATION FL		3.4. CITY-ST-ZIP PLANTATION, FL. 33324
TITLE	D BAKER, ROBERT 901 COCO PLUM BAY PLANTATION FL	<input checked="" type="checkbox"/> DELETE	4.1. TITLE DIANE ZAGORIA <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, ROBERT		4.2. NAME 832 W. COCO PLUM CIRCLE
STREET ADDRESS	901 COCO PLUM BAY		4.3. STREET ADDRESS PLANTATION, FL.
CITY-ST-ZIP	PLANTATION FL		4.4. CITY-ST-ZIP
TITLE	D HAUSER, ROBERT 901 COCO PLUM WAY PLANTATION FL	<input checked="" type="checkbox"/> DELETE	5.1. TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUSER, ROBERT		5.2. NAME ROSE RUBIN
STREET ADDRESS	901 COCO PLUM WAY		5.3. STREET ADDRESS 801 S.W. 89 TERRACE
CITY-ST-ZIP	PLANTATION FL		5.4. CITY-ST-ZIP PLANTATION, FL
TITLE	D KOLSTEIN, ADELE 901 COCO PLUM WAY PLANTATION FL	<input checked="" type="checkbox"/> DELETE	6.1. TITLE D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOLSTEIN, ADELE		6.2. NAME DEBBIE BAKER
STREET ADDRESS	901 COCO PLUM WAY		6.3. STREET ADDRESS 941 COCO PLUM WAY
CITY-ST-ZIP	PLANTATION FL		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 119.07(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: Blanche A. Strouse 4/28/96 954-519-1453  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)