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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
C/O SUZANNE JOY DORFMAN-FRIEDMAN
901 COCO PLUM WAY
PLANTATION FL 33324-3705

3. Date Incorporated or Qualified 06/12/1978
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 C/O ROSE RUBIN 26 90 ROSE RUBIN
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 801 SW 89 TERRACE 27 801 SW 89 TERRACE
City & State City & State
23 PLANTATION 28 PLANTATION
Zip Country Zip Country
24 33324 25 BROWARD 29 33324 30 BROWARD

4. FEI Number NOT APPLICABLE Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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
81 Name ROSE E. RUBIN
82 Street Address (P.O. Box Number is Not Acceptable) 801 S.W. 89 TERRACE
83
84 City PLANTATION FL 85 Zip Code 33324

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 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 617.0503, Florida Statutes.

SIGNATURE Rose E. Rubin 5/27/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ROSSNER, DAVID	
STREET ADDRESS	900 COCO PLUM WAY	
CITY-ST-ZIP	PLANTATION FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDMAN, SUZANNE	
STREET ADDRESS	901 COCO PLUM WAY	
CITY-ST-ZIP	PLANTATION FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	STROUSE, BALNCHÉ A	
STREET ADDRESS	840 S.W. 89 TERRACE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZAGORIA, DIANE	
STREET ADDRESS	822 W. COCO PLUM CIRCLE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUBIN, ROSE	
STREET ADDRESS	801 S.W. 89 TERRACE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAKER, DEBBIE	
STREET ADDRESS	941 COCO PLUM WAY	
CITY-ST-ZIP	PLANTATION FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TO BE REPLACED
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 Rose E. Rubin

CR2E037 (9/96)