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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 743208

1. Corporation Name

COCO PLUM AT JACARANDA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

%RUBIN, ROSE
 801 SW 89 TERR
 PLANTATION FL 33324
 US

Mailing Address

%RUBIN, ROSE
 801 SW 89 TERR
 PLANTATION FL 33324
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

06/12/1978

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

9. Name and Address of Current Registered Agent

RUBIN, ROSE E
 801 SW 89 TERR
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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

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 DELETE
 NAME ROSSNER, DAVID
 STREET ADDRESS 900 COCO PLUM WAY
 CITY-ST-ZIP PLANTATION FL

TITLE TS DELETE
 NAME STROUSE, BALNCH E
 STREET ADDRESS 840 S.W. 89 TERRACE
 CITY-ST-ZIP PLANTATION FL

TITLE D DELETE
 NAME ZAGORIA, DIANE
 STREET ADDRESS 822 W. COCO PLUM CIRCLE
 CITY-ST-ZIP PLANTATION FL

TITLE D DELETE
 NAME RUBIN, ROSE
 STREET ADDRESS 801 S.W. 89 TERRACE
 CITY-ST-ZIP PLANTATION FL

TITLE D DELETE
 NAME BAKER, DEBBIE
 STREET ADDRESS 941 COCO PLUM WAY
 CITY-ST-ZIP PLANTATION FL

TITLE D DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Change Addition
 1.2 NAME HOWARD COHEN
 1.3 STREET ADDRESS 873 W. COCO PLUM CIRCLE
 1.4 CITY-ST-ZIP PLANTATION, FL. 33324

2.1 TITLE TS Change Addition
 2.2 NAME IRWIN ZAGORIA
 2.3 STREET ADDRESS 822 W. COCO PLUM CIRCLE
 2.4 CITY-ST-ZIP PLANTATION, FL. 33324

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **REQUIRED**

5/05/99 954-472-3755
 Date Daytime Phone

CR2E037 (1/198)