

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90130 012 ****61.25

DOCUMENT # 743208

1. Entity Name

COCO PLUM AT JACARANDA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% ANDRE GERLO
 921 COCO PLUM WAY
 PLANTATION FL 33324
 US

Charles Konover
 8881 SW 9 ST
 PLANTATION FL
 33324

D.F. GOUVERT
 6842 BRIDLEWOOD CT.
 BOCA RATON FL 33433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0315995**

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 CT.
BOCA RATON FL 33433

Name **JOHN R. Lonergan, ESQ.**
 Street Address (P.O. Box Number is Not Acceptable)

12500 World Plaza Lane, Suite 1
 City **Fort Myers, FL** Zip Code **33907**

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.

SIGNATURE *[Signature]* DATE **2/23/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PERLO, ANDRE	
STREET ADDRESS	921 COCO PLUM WAY	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	TOBIAS, BILL	
STREET ADDRESS	801 S.W. 89TH TERRACE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, SUZANNE	
STREET ADDRESS	901 COCO PLUM WAY	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BELL, GERALD	
STREET ADDRESS	883 W. COLO PLUM CIRCLE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, HOWARD	
STREET ADDRESS	873 W. COCO PLUM CIRCLE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES KONOVER	
STREET ADDRESS	8881 SW 9 ST	
CITY-ST-ZIP	PLANTATION, FL 33324	

12. 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 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]*

2-23-02 954-818-9435

CR2E037 (9/01)