


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90028 006 ****61.25

DOCUMENT # 743208			
1. Entity Name COCO PLUM AT JACARANDA HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business CHARLES KONOVER 8881 SW 9 ST PLANTATION, FL 33324 US		Mailing Address % D.F. GOUVERT 6842 BRIDLEWOOD CT. BOCA RATON, FL 33433	
2. Principal Place of Business Suite, Apt. #, etc. ANDRE PERLO 921 COCO PLUM WAY City & State PLANTATION, FL 33324 Zip 33324 Country (BROWARD)		3. Mailing Address Suite, Apt. #, etc. City & State City State Zip Country	
		01302004 Chg-NP CR2E037 (10/03)	
		4. FEI Number 65-0315995	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LONEGAN ESQ, JOHN R 12520 WORLD PLAZA LANE STE 1 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code	
		FL	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, HOWARD 873 W. COCO PLUM CIRCLE PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KONOVER, CHARLES 8881 SW 9 ST PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRIEDMAN, SUZANNE 901 COCO PLUM WAY PLANTATION, FL 33324	<input type="checkbox"/> Delete	PD ANDRE PERLO 921 COCO PLUM WAY PLANTATION FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N	<input type="checkbox"/> Delete	NEWMAN, WREN VPD 852 W. COCO PLUM CIRCLE PLANTATION, FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	SD HAUSER, ROBERT 8951 SW 8TH ST PLANTATION, FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TD STRICKMAN, HOWARD 810 E COCO PLUM WAY PLANTATION, FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>Andre Perlo</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/1/04 Date Daytime Phone #	