


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90097 010 ****61.25

DOCUMENT # 743208			
1. Entity Name COCO PLUM AT JACARANDA HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business ANDRE PERLO 921 COCO PLUM WAY PLANTATION, FL 33324 US		Mailing Address % D.F. GOUVERT 6842 BRIDLEWOOD CT. BOCA RATON, FL 33433	
2. Principal Place of Business <i>DEAN DALBERY CR</i> 843 W. COCO PLUM		3. Mailing Address	
Suite, Apt. #, etc. PLANTATION		Suite, Apt. #, etc.	
City & State PLANTATION FL		City & State	
Zip 33324	Country OHM BCH	Zip	Country
6. Name and Address of Current Registered Agent USNEGAN, JOE JOHN R 13520 WORLD PLAZA LANE STE 1 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name <i>Dolores Gouvert</i> Street Address (P.O. Box Number is Not Acceptable) <i>6842 Bridlewood Court</i> City <i>Boca Raton</i> FL Zip Code <i>33433</i>	
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 <i>Dolores F Gouvert</i> DATE <i>1/26/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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	PD PERLO, ANDRE 921 COCO PLUM WAY PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD Dean Dalbery</i> <i>843 W Coco Plum Circle</i> <i>Plantation, FL 33324</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NEWMAN, WREN 852 W COCO PLUM CIRCLE PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VPD Vickie Pestrichelli</i> <i>810 SW 89 Terr</i> <i>Plantation, FL 33324</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRIEDMAN, SUZANNE 901 COCO PLUM WAY PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD Wren Newman</i> <i>852 W Coco Plum Circle</i> <i>Plantation, FL 33324</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAUSER, ROBERT 8061 SW 8TH ST. FORT LAUDERDALE, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD Wren Newman</i> <i>852 W-Coco Plum Cir</i> <i>Plantation, FL 33324</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STRICKMAN, HOWARD 920 E COCO PLUM WAY FORT LAUDERDALE, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Robert Hauser</i> <i>8951 SW 8th St.</i> <i>Plantation, FL 33324</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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>[Signature]</i>		Date	Daytime Phone #

50011491



01252005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0315995 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required