


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90030 049 ****61.25

DOCUMENT # 743208					
1. Entity Name COCO PLUM AT JACARANDA HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business DEAN DALBERY 843 WEST COCO PLUM CIRCLE PLANTATION, FL 33324 US			Mailing Address % D.F. GOUVERT 6842 BRIDLEWOOD CT. BOCA RATON, FL 33433		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02042007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GOUVERT, DOLORES 6842 BRIDLEWOOD COURT BOCA RATON, FL 33433				Name <u>ARLINE WALKER</u> Street Address (P.O. Box Number is Not Acceptable) <u>A+W PROPERTY MGMT INC</u> <u>9715 W BROWARD BLVD PMB235</u> City <u>PLANTATION</u> FL <u>33324</u> Zip Code	
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 <u><i>Carline M. Walker</i></u>				DATE <u>3/15/07</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PESTRICHELLI, VICKIE		NAME		
STREET ADDRESS	810 SOUTHWEST 89 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NEWMAN, WREN		NAME	<u>S/D BARBARA BRAUNSTEIN</u>	
STREET ADDRESS	852 W COCO PLUM CIRCLE		STREET ADDRESS	<u>8970 SW 8 ST</u>	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	<u>PLANTATION FL 33324</u>	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DALBERY, DEAN		NAME		
STREET ADDRESS	843 WEST COCO PLUM CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAUSER, ROBERT		NAME		
STREET ADDRESS	8951 SW 8TH ST.		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MOSBERG, HOWARD W		NAME	<u>T/D MAUREEN REO</u>	
STREET ADDRESS	883 WEST COCO PLUM CIR		STREET ADDRESS	<u>843 W COCO PLUM CIRCLE</u>	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	<u>PLANTATION FL 33324</u>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Carline M. Walker</i></u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date		
			Daytime Phone #		