FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR -3 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757121 (9)

1. Corporation Name

COCONUT PALM CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5280 LAS VERDES CIRCLE. SUITE #350 DELRAY BEACH FL 33484	% GOUVERT ENTERPRISES 660 W LINTON BLVD #202 DELRAY BCH FL 33444 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1981
3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-2588584 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GOUVERT, DOLORES
660 W LINTON BLVD #202
DELRAY BCH FL 33444

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	VP	☒ Change ☐ Addition
NAME	MURGO, ANGELO	12 NAME	EDWARD SIEGAL	
STREET ADDRESS	5280 LAS VERDES CIR	13 STREET ADDRESS	5280 LAS VERDES CIR	
CITY-ST-ZIP	DELRAY BCH FL 33484-8089	14 CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	~~D~~	21 TITLE	S/D	☒ Change ☐ Addition
NAME	NAPOLITANO, JOSEPH	22 NAME	BEVERLY LESSER	
STREET ADDRESS	5280 LAS VERDES CIR	23 STREET ADDRESS	5280 LAS VERDES CIR	
CITY-ST-ZIP	DELRAY BCH FL	24 CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	GOLDMAN, ROBERT	32 NAME		
STREET ADDRESS	5280 LAS VERDES CRCL.	33 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH. FL	34 CITY-ST-ZIP		
TITLE	~~VD~~	41 TITLE		☐ Change ☐ Addition
NAME	~~ZEITCHICK, ALAN~~	42 NAME		
STREET ADDRESS	~~5280 LAS VERDES CIRCLE~~	43 STREET ADDRESS		
CITY-ST-ZIP	~~DELRAY BEACH FL~~	44 CITY-ST-ZIP		
TITLE	~~SD~~	51 TITLE		☐ Change ☐ Addition
NAME	~~CHERRY, ADELE~~	52 NAME		
STREET ADDRESS	~~5280 LAS VERDES CIRCLE~~	53 STREET ADDRESS		
CITY-ST-ZIP	~~DELRAY BEACH FL~~	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Angelo A. Murgo ANGELO A. MURGO 2/27/95 (561) 445-4454
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR (Daytime Phone #)

0018437