

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757121

1. Entity Name

COCONUT PALM CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90122 007 ****61.25

Principal Place of Business 5280 LAS VERDES CIRCLE, SUITE #350 DELRAY BEACH FL 33484	Mailing Address % GOUVERT ENTERPRISES 660 W LINTON BLVD #202 DELRAY BCH FL 33487-2841 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address c/o Lippman Lippman 1401 Congress Avenue Suite 140 Boca Raton, FL Zip 33487 Country USA
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4. FEI Number 59-2588584	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
 GOUVERT, DOLORES
 660 W LINTON BLVD #202
 DELRAY BCH FL 33444

7. Name and Address of New Registered Agent
 Name: Karen Lippman
 Street Address (P.O. Box Number is Not Acceptable): 1401 Congress Avenue
 Suite 140
 City: Boca Raton FL Zip Code: 33487

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: Karen Lippman DATE: Feb 03/00
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE: D NAME: AIELLO, ANTHONY STREET ADDRESS: 5280 LAS VERDES CIR #103 CITY-ST-ZIP: DELRAY BCH FL 33484	<input type="checkbox"/> Delete
TITLE: DTS NAME: THOMAS CURRAN STREET ADDRESS: 5280 LAS VERDES CIR #316 CITY-ST-ZIP: DELRAY BCH. FL 33484	<input type="checkbox"/> Delete
TITLE: DP NAME: MURGO, ANGELO STREET ADDRESS: 5280 LAS VERDES CIR. #319 CITY-ST-ZIP: DELRAY BCH FL 33484	<input type="checkbox"/> Delete
TITLE: D NAME: ROSE, CAROL STREET ADDRESS: 5280 LAS VERDES CIR #109 CITY-ST-ZIP: DELRAY BCH FL 33484	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: TANFANI, ANN STREET ADDRESS: 5280 LAS VERDES CIR #119 CITY-ST-ZIP: DELRAY BCH FL 33484	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DVP NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: JOHN ARMAO STREET ADDRESS: 5280 LAS VERDES CR #215 CITY-ST-ZIP: DELRAY BEACH FL 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Angelo A. Murgo, Pres. DATE: 3/21/00 DAYTIME PHONE #: (361) 495-4954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)