

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90454 047 ****61.25

DOCUMENT # 757121

1. Entity Name

COCONUT PALM CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**5280 LAS VERDES CIRCLE, SUITE #350
DELRAY BEACH FL 33484**

Mailing Address

**6401 CONGRESS AVE
SUITE 140
BOCA RATON FL 33487
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2588584

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIPPMAN, KAREN
6401 CONGRESS AVE
SUITE 140
BOCA RATON FL 33487**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVP** ☐ Delete
NAME **AIELLO, ANTHONY**
STREET ADDRESS **5280 LAS VERDES CIR #103**
CITY-ST-ZIP **DELRAY BCH FL 33484**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DTS** ☐ Delete
NAME **THOMAS CURRAN**
STREET ADDRESS **5280 LAS VERDES CIR #316**
CITY-ST-ZIP **DELRAY BCH FL 33484**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DP** ☐ Delete
NAME **MURGO, ANGELO**
STREET ADDRESS **5280 LAS VERDES CIR. #319**
CITY-ST-ZIP **DELRAY BCH FL 33484**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ARMAO, JOHN**
STREET ADDRESS **5280 LAS VERDES CR #215**
CITY-ST-ZIP **DELRAY BCH FL 33484**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **TANFANI, ANN**
STREET ADDRESS **5280 LAS VERDES CIR #119**
CITY-ST-ZIP **DELRAY BCH FL 33484**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)