

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90333 027 ****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**

14001424



04022004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2588584	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	THOMAS CURRAN
STREET ADDRESS	5280 LAS VERDES CIR #316
CITY-ST-ZIP	DELRAY BCH., FL 33484

TITLE	DP
NAME	MURGO, ANGELO
STREET ADDRESS	5280 LAS VERDES CIR. #319
CITY-ST-ZIP	DELRAY BCH, FL 33484

TITLE	DVP
NAME	SPINOLA, PATRICK
STREET ADDRESS	5280 LAS VERDES CIR #222
CITY-ST-ZIP	DELRAY BCH, FL 33484

TITLE	SD
NAME	RODKO, OLAF
STREET ADDRESS	5280 LAS VERDES CIR #121
CITY-ST-ZIP	DELRAY BCH, FL 33484

TITLE	D
NAME	IRWIN, GERBER
STREET ADDRESS	5280 LAS VERDES CIR., 301
CITY-ST-ZIP	DELRAY BEACH, FL 33484

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Angelo A. Murgos
4/08/04

561-495-9966