## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

•	1998	( C	DIVISION OF	CORPORATIONS	Secretary	or State
POCUN Corporation	VENT Name	# N0118	35 (0)			
COCOF	PL <b>UM</b> YA	CHT CLUB, INC.				
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Principal Place	e of Busines	SS	Mailing Address			0/4/1 0/0/1 3/0/1 <b>3/0</b> /1 14/1
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% CLAUDIA P. 1 6500 PRADO BL			% Claudia P. Ridge 6500 prado blvd.		3. Date Incorporated or Qualified	
CORAL GABLES			CORAL GABLES FL 33143		02/01/1984 4. FEI Number	Applied For
					65-0014083	Not Applicable
2. Principal Pi	ace of Busi	ness	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional
21			26		5. Certificate of Status Desired	Fee Required
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
City & State		<del></del>	City & State		Trust Fund Contribution	Added to Fees
23	e e		28		7. Is this nonprofit corporation a homeowners	association?
Zip		Country	Zip	Country	8. This corporation owes or has paid the curre	ent year Intangible
24		25	29	30		Yes No
	9. Name	and Address of Curr	ent Registered Agent		10. Name and Address of New Registered A	gent
				81 Name		
	CLAUDIA P			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	<b>ado</b> blvd Ga <b>b</b> les fi			83		<del> </del>
CORAL	NADLES F	L 33143				
				84 City	FL	85 Zip Code
11. Pursuant t	to the provis	sions of Sections 617.0	502 and 617.1508, Florida Statu	tes, the above-named cor	rporation submits this statement for the purpose of	changing its registered
					70 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
agent. I ar	egi <b>ste</b> red at m f <b>am</b> iliar w	gent, or both, in the Sta rith, and accept the obl	te of Florida. Such change was igations of, Section 617.0503, F	authorized by the corpora lorida Statutes.	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	intment as registered
agent. I ar	m f <b>am</b> iliar w	gent, or both, in the sta rith, and accept the obl	te of Florida. Such change was igations of, Section 617.0503, F	authorized by the corpora lorida Statutes.		nintment as registered
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14. 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 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 of 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.

CITY-ST-ZIP

SIGNATURE:

May 14 1998

663-1353

**FILED** 

Jul 02 1998 8:00am