

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003440

FILED
Apr 29, 2009
Secretary of State

Entity Name: COCO PLUM VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1100 DORCHESTER STREET
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

1100 DORCHESTER STREET
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 20-5195371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POCOCK, JOHN
1100 DORCHESTER STREET
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POCOCK, JOHN
Address: 1100 DORCHESTER STREET
City-St-Zip: ORLANDO, FL 32803

Title: VD () Delete
Name: HULL, FORD
Address: 1100 DORCHESTER STREET
City-St-Zip: ORLANDO, FL 32803

Title: STD () Delete
Name: TARABA, PAUL
Address: POST OFFICE BOX 560639
City-St-Zip: ORLANDO, FL 32856

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FORD HULL

VD

04/29/2009

Electronic Signature of Signing Officer or Director

Date