

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PH 12: 04

DOCUMENT # N11410

(0)

1. Corporation Name

COCO PLUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**385 EDMERE WAY N
NAPLES FL 33999**

**385 EDMERE WAY N
NAPLES FL 33999**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1985

3a. Date of Last Report

04/12/1994

4. FBI Number

59-2779404

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WISEMAN, TAMELA E
2150 GOODLETTE RD. STE 305
NAPLES FL 33940**

81 Name

MARY JO FAUSNIGHT

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

385 EDMERE WAY NORTH

83

84 City

NAPLES

FL

85 Zip Code

33999

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

2/27/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD
NAME	YESEN, HAROLD
STREET ADDRESS	20 GOLF COTTAGE DR.
CITY - ST - ZIP	NAPLES FL
TITLE	VD
NAME	NEUMANN, ROY
STREET ADDRESS	40 GOLF COTTAGE DR
CITY - ST - ZIP	NAPLES FL
TITLE	SD
NAME	HOFFMAN, HARVEY
STREET ADDRESS	18 GOLF COTTAGE DR
CITY - ST - ZIP	NAPLES FL
TITLE	PD
NAME	BOYCE, CHARLES
STREET ADDRESS	16 GOLF COTTAGE DR
CITY - ST - ZIP	NAPLES FL
TITLE	D
NAME	COXEY, KATHERINE
STREET ADDRESS	34 GOLF COTTAGE DR
CITY - ST - ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or 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, unchanged, or on an attachment with an address.

SIGNATURE:

ROY NEUMANN, VICE PRESIDENT

2/21/95

Date

649-6775

Daytime Phone #