## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State -DIVISION OF CORPORATIONS

1997

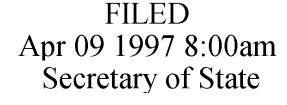
DOCUMENT #

(0)

COCO PLUM ASSOCIATION, INC.

		Business

Mailing Address





S85 EDGEMER NAPLES FL 33				GEMERE WAY N S FL 34105-7148				•					
									Date Incorporated or Qualified 3a. Date of Lest Report 04/24/1996			teport 196	
2. Principal Place of Business			2a. Ma	2a. Mailing Address				FEI Number <b>59-277</b>	70404		A	pplied For	
21			26	<del> </del>	·			09-211	9404			ot Applicable	
Sulte, Apt.			27	te, Apt. #, etc.			5.	Certificate of	Status Desired			Additional equired	
City & Stat	City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip		Country		Zip Country			8	This corporation has liability for inlangible tax under s. 199.032,					
24 341	105	26	29		30	-		Florida Statutes XXYes \(\sum \text{No}\) No					
		and Address of Cu		d Agent	1441		10.		ddress of New Re	gistered Ag	ent		
					8	1 Name							
FAUSN	IGHT, MARY	JO			8	Street	Address (F	O Box Numb	er is Not Acceptab	le)			
385 EDGEMERE WAY NORTH				į			Street Address (P.O. Box Number is Not Acceptable)						
NAPLES	S FL 33999												
	•				8	4 City			<del></del>	FL	B5 Zip	4105	
11. Pursuant	to the provision	ons of Sections 617	.0502 and 617.1	508, Florida Statut	es, the abo	ve-nameç	corporatio	on submits this	statement for the p	urpose of ch			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 horeby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.													
SIGNATURE	Signature, typed o	r printed name of registers	d agent and litle if app	licable (NOT	E Registered A	gent signatur	required when	n reinslating)		DATE			
12.			AND DIRECTO		13.			ADDITIONS/CI	ANGES TO OFFIC	ERS AND D	RECTOF	₹S IN 12	
TITLE	PD			☐ DELETE	1.1 TITLE					Κ	Change	Addition	
NAME		, Harold			1.2 NAME		İ						
STREET ADORESS		COTTAGE DR.			1.3 STREE	T ADDRESS	İ					_	
CITY-ST-ZIP	NAPLES	FL			1.4 D(TY-	ST-ZIP					3410		
TITLE	VD			DELETE	2.1 TITLE		ļ			XX	Change	Addition (	
NAME	NEUMAN				2.2 NAME								
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP	NAPLES	FL		·	2.4 City	-\$1-ZIP					<u>341(</u>		
TITLE	\$D	A - 100 A 10 A 10 TO 1 A		DELETE	3.1 T/TLE		ļ			XX	Change	☐ Addition	
NAME		KENNETH			3.2 NAME								
STREET ADDRESS		COTTAGE DR			3.3 STREE	T ADDRESS							
CITY-ST-ZIP	<u>N</u> APLES	<u>FL</u>		Detert	3.4. CITY	ST-ZIP			<del></del>	~~~~	410 <sup>5</sup> Change		
TITLE	D DOVOE	CHADIEC		☐ DELETE	4.1 TITLE		<b>,</b>			40	unange	☐ Addition	
NAME		CHARLES COTTAGE DR			4. 2 NAM								
STREET ADDRESS	NAPLES					1 ADDRESS				^	1.4.05	_	
CITY-ST-ZIP		<u>rl</u>		DELETE	4.4 CITY-	ST-ZIP	<b></b>				64105		
TITLE	TO	, BERTHOLD		□ ottere	5.1 TITLE		l I			rΧ	Change	☐ Addition	
NAME	ותבוסבת	COTTAGE DR			5 2 NAME		ł						
STREET ADDRESS	NAPLES					T ADDRESS							
CITY-ST-ZIP	IN LLO	16		DELFTE	5.4 CITY- 6.1 TITLE	51-ZIP				<del></del>	4105	Addition	
NAME				C) ORCH	6.1 HILE 6.2 NAME					Ц	ounde	ווטיוויטח נ	
STREET ADDRESS						T ADDRESS			-				
CITY-ST-ZIP	ov certify that	the information suc	plied with this fill	ing does not qualif	6.4 City- fy for the ex	amation r	lated in So	otion 119 07/3	)(i), Florida Statutes	. I further ce	rtify that	the	
Informatio I am an of appears I	n Indicated or fficer or direct n Block 12 or	n this annual report or of the corporatio Block 13 if change	or supplemental n or the receiver d or op an attac	annual report is to or trustee empow hment with an add	rue and acc rored to exe dress.	urate and cute this i	that my signer that the signer	gnature shall h equired by Cha	ave the same legal pter 617, Florida St	effect as if r atutes; and <u>f</u>	made und that my n	der oath; that iame	

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