

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11410

1. Entity Name

COCO PLUM ASSOCIATION, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90110 042 ****61.25

Principal Place of Business	Mailing Address
98 WYNDEMERE WAY NAPLES FL 34105 US	98 WYNDEMERE WAY NAPLES FL 34105-7140 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2779404	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

FAUSNIGHT, MARY JO
98 WYNDEMERE WAY
NAPLES FL 34105

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	YEPPSEN, HAROLD
STREET ADDRESS	20 GOLF COTTAGE DR.
CITY-ST-ZIP	NAPLES FL
TITLE	TD <input type="checkbox"/> Delete
NAME	JENNING, DAVID
STREET ADDRESS	40 GOLF COTTAGE DR
CITY-ST-ZIP	NAPLES FL 34105
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	BLOCK, KENNETH
STREET ADDRESS	6 GOLF COTTAGE DR
CITY-ST-ZIP	NAPLES FL
TITLE	D <input type="checkbox"/> Delete
NAME	BOYCE, CHARLES
STREET ADDRESS	16 GOLF COTTAGE DR
CITY-ST-ZIP	NAPLES FL
TITLE	SD <input type="checkbox"/> Delete
NAME	MCKENNA, JACK
STREET ADDRESS	18 GOLF COTTAGE DR.
CITY-ST-ZIP	NAPLES FL 34105
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	AV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelley, Edmund
STREET ADDRESS	4 Golf Cottage Dr
CITY-ST-ZIP	Naples, FL 34105
TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	34105
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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* 941) 2-29-00 263-0761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)