

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90606 047 ****61.25

DOCUMENT # N11410

1. Entity Name

COCO PLUM ASSOCIATION, INC.

Principal Place of Business

**98 WYNDEMERE WAY SOUTH
NAPLES FL 34105
US**

Mailing Address

**98 WYNDEMERE WAY SOUTH
NAPLES FL 34105
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2779404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAUSNIGHT, MARY JO
98 WYNDEMERE WAY
NAPLES FL 34105**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **YESEN, HAROLD**
CITY-ST-ZIP **20 GOLF COTTAGE DR.
NAPLES FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **JENNING, DAVID**
CITY-ST-ZIP **40 GOLF COTTAGE DR
NAPLES FL 34105**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **DV**
STREET ADDRESS **EDMUND, KELLEY**
CITY-ST-ZIP **4 GULF CORTAGE DR
NAPLES FL**

TITLE ☐ Change ☒ Addition
NAME **DV**
STREET ADDRESS **WIRTH, Clyde**
CITY-ST-ZIP **26 Golf Cottage Dr.
NAPLES, FL 34105**

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **BOYCE, CHARLES**
CITY-ST-ZIP **16 GOLF COTTAGE DR
NAPLES FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **MCKENNA, JACK**
CITY-ST-ZIP **18 GOLF COTTAGE DR.
NAPLES FL 34105**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]

2/6/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)