

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11410

FILED
Mar 26, 2009
Secretary of State

Entity Name: COCO PLUM ASSOCIATION, INC.

Current Principal Place of Business:

98 WYNDEMERE WAY
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

98 WYNDEMERE WAY
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: 59-2779404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAUSNIGHT, MARY JO
98 WYNDEMERE WAY
NAPLES, FL 34105 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: D () Delete
Name: LERNER, LOU
Address: 30 GOLF COTTAGE DRIVE
City-St-Zip: NAPLES, FL 34105 US

Title: TD () Delete
Name: BRANDT, EDWARD
Address: 52 GOLF COTTAGE DR
City-St-Zip: NAPLES, FL 34105 US

Title: VD () Delete
Name: NYLESE, SANDRA
Address: 8 GOLF COTTAGE DRIVE
City-St-Zip: NAPLES, FL 34105 US

Title: PD () Delete
Name: CAPONI, DENNIS
Address: 10 GOLF COTTAGE DRIVE
City-St-Zip: NAPLES, FL 34105 US

Title: SD () Delete
Name: ANDERSON, JOHN
Address: 40 GOLF COTTAGE DRIVE
City-St-Zip: NAPLES, FL 34105 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: MCKENNA, JOHN
Address: 18 GOLF COTTAGE DRIVE
City-St-Zip: NAPLES, FL 34105 US

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

Title: D (X) Change () Addition
Name: NYLESE, SANDRA
Address: 8 GOLF COTTAGE DRIVE
City-St-Zip: NAPLES, FL 34105 US

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: DENNIS CAPONI

PD

03/26/2009

Electronic Signature of Signing Officer or Director

Date