FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:13

DOCUMENT # N28366 (5)

1. Corporation Name

COCONUT COVE OF LANTANA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% 189 BRADLEY PLACE PALM BEACH FL 33480	% 189 BRADLEY PLACE PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1988
3a. Date of Last Report: 03/01/1994
4. FEI Number: 65-0138941 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$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

BOSWELL, DON R
189 BRADLEY PLACE
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	BOSWELL, DON R.	1.2 NAME		
STREET ADDRESS	189 BRADLEY PLACE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH. FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	GRAHAM, WILLIAM	2.2 NAME		
STREET ADDRESS	832 OYSTER LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	MCGILL, JEANETTE M.	3.2 NAME	MCGILL,	
STREET ADDRESS	314 NORTH LAKE DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	DICKOW, MARK	4.2 NAME	DICKOW,	
STREET ADDRESS	20411 W. TWELVE MILE RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTHFIELD MI	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	DELSON, MELISSA	5.2 NAME		
STREET ADDRESS	322 N. LAKE DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	DITZIG, LINDA D.	6.2 NAME		
STREET ADDRESS	2167-B MOUNT PARAN RD., N.W.	6.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	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 if changed, or on an attachment with an address.

SIGNATURE: Don R Boswell 3/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0081470