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 #

(5)

COCONUT COVE OF LANTANA CONDOMINIUM ASSOCIATION, INC.

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

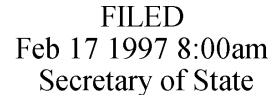
21

2. Principal Place of Business

Mailing Address

% 189 BRADLEY PLACE PALM BEACH FL 33480

2a. Mailing Address





3s. Date of Last Report 01/31/1996

Applied For

3. Date Incorporated or Qualified 09/15/1988

65-0138941

alul

4. FEI Number

21		26			ļ	65-0138941			Not Applicable	
	pt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	- 1		Additional	
22						5. Confincate of States Desired		Fee	Required	
City & State City & State						6. Election Campaign Financing		\$5.0	May Be	
23		28				Trust Fund Contribution		Adde	d to Fees	
Zìp	Country	Zip	Cou	ntry		8. This corporation has liability for intangi			s. 199.032,	
24	25	29	30			Florida Statutes Yes				
	9. Name and Address of Cui	rrent Hegistered Agent		81	Name	10. Name and Address of New Register	M Age	m		
BOSWELL, DON R				۳'	Hane					
				82	2 Street Address (P.O. Box Number is Not Acceptable)					
189 BRADLEY PLACE					83					
PALI	M BEACH FL 33480			83					ļ	
			Ì	84	City		. 1	35 Ži	p Code	
44 0		orga - Lotztrop El it. Out				F			75 1-1	
office	or registered agent, or both, in the Si	tate of Florida. Such change was	authorized	vd b	the corporatio	ration submits this statement for the purposin's board of directors. I hereby accept the	or cri Lopoin	anging Iment a	its registered as registered	
agent	I am familiar with, and accept the of	bligations of, Section 617.0503, F	Florida Stat	utes			• •			
SIGNATUR	RE									
12.	Signature, typed or printed name of registered	AND DIRECTORS	13.	l Ager	nt signature required	ADDITIONS/CHANGES TO OFFICERS A		BE CT/	ORS IN 12	
TITLE	PD	DELETE	1.1 1/1	I F		ADDITIONAL PROPERTY OF THE PRO		Change		
NAME	BOSWELL, DON R.	_ Deterio	1.2 NA					o, ange	, Landinon	
STREET ADORE	100 33151 51 51 50				ADDRESS				,	
	PALM BCH. FL		1.3 SI 1.4 CF		h					
CITY-ST-ZIP		VD DELETE			ZIP		\neg	Change	e Addition	
NAME	1	GRAHAM, WILLIAM					_	Criticipa	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRE			2.2 NA		ADDRECC				l	
	LANTANA FL				ADDRESS					
CITY-ST-ZIP TITLE		TD DELETE			T-ZIP			Change	e Addition	
NAME	MCGILL, JEANETTE M.		3.1 T)T 3.2 NA					Undirect	,	
STREET ADDRE	ALL HORSELLAND BR				ADDRESS					
CITY-ST-ZIP	LANTANA FL		3.4. C		, I					
TITLE	SD	DELETE	4.1 TIT		1-21		\neg	Change	e Addition	
NAME	DICKOW, MARK	- Jeen Jeen Jeen Jeen Jeen Jeen Jeen Jee	4. 2 N					J	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRE		RO.			ADDRESS				ļ	
CITY-ST-ZIP	SOUTHFIELD MI	i Her i	4.3 Si							
TITLE	D	DELETE	5.1 Til		- 211			Change	e	
NAME	DELSON, MELISSA		5.2 NA							
STREET ACCRE	*** ** * ****		1		ADDRESS					
CITY-ST-ZIP	LANTANA FL				· 1					
TITLE	D	DELETE		5.4 CHY-ST-ZIP 5.1 TITLE				Change	e Addition	
NAME	DITZIG, LINDA D.	Julion State of	6.2 NA				_			
STREET ADDRE		NW ON			ADDRESS				•	
CITY-ST-ZIP	ATLANTA GA	140, 11.77,	6.4 CI						•	
14. I do h	ereby certify that the information supp	plied with this filing does not gua	alify for the	exer	mption stated i	in Section 119.07(3)(i), Florida Statutes. I fur	ther ce	rtify th	at the	
intorm Lam a	ation indicated on this annual report	or supplemental annual report is on or the receiver or trustee empo	s true and a owered to e	ccu	rate and that n	ny signature shall have the same legal effect as required by Chapter 617, Florida Statuter	t as if i s; and	made ı	under oath: that	