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**Secretary of State**

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N28366**

1. Corporation Name

**COCONUT COVE OF LANTANA CONDOMINIUM ASSOCIATION, INC.**

365846-90230-15

Principal Place of Business

2875 S. OCEAN BLVD.  
 #200  
 PALM BEACH FL 33480  
 US

Mailing Address

2875 S. OCEAN BLVD  
 #200  
 PALM BEACH FL 33480  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/15/1988

4. FEI Number

65-0138941

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

**BOSWELL, DON R**  
 2875 S. OCEAN BLVD. #200  
 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE  
 NAME BOSWELL, DON R.  
 STREET ADDRESS 2875 S. OCEAN BLVD. #200  
 CITY-ST-ZIP PALM BCH. FL

TITLE VD  DELETE  
 NAME GRAHAM, WILLIAM  
 STREET ADDRESS 832 OYSTER LANE  
 CITY-ST-ZIP LANTANA FL

TITLE TD  DELETE  
 NAME MCGILL, JEANETTE M.  
 STREET ADDRESS 314 NORTH LAKE DR.  
 CITY-ST-ZIP LANTANA FL

TITLE SD  DELETE  
 NAME DICKOW, MARK  
 STREET ADDRESS 20411 W. TWELVE MILE RD.  
 CITY-ST-ZIP SOUTHFIELD MI

TITLE D  DELETE  
 NAME DELSON, MELISSA  
 STREET ADDRESS 322 N. LAKE DR.  
 CITY-ST-ZIP LANTANA FL

TITLE D  DELETE  
 NAME DITZIG, LINDA D.  
 STREET ADDRESS 2167-B MOUNT PARAN RD., N.W.  
 CITY-ST-ZIP ATLANTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99 561-833-960  
 Date Daytime Phone #

CR2E037 (11/98)