

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90269 042 ****61.25

DOCUMENT # N28366

1. Entity Name

COCONUT COVE OF LANTANA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0138941

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOSWELL, DON R
2875 S. OCEAN BLVD. #200
PALM BEACH FL 33480

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 **DT** Delete
 NAME **BOSWELL, DON R.**
 STREET ADDRESS **2875 S. OCEAN BLVD. #200**
 CITY-ST-ZIP **PALM BCH. FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~DVP~~ Delete
 NAME **GRAHAM, WILLIAM**
 STREET ADDRESS **832 OYSTER LANE**
 CITY-ST-ZIP **LANTANA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DICKOW, MARK**
 STREET ADDRESS **20411 W. TWELVE MILE RD.**
 CITY-ST-ZIP **SOUTHFIELD MI**

TITLE **DVP** Change Addition
 NAME **BOISSON, CLAUDE P.**
 STREET ADDRESS **332 N. LAKE DRIVE**
 CITY-ST-ZIP **LANTANA, FL 33462**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **ECKLER, WM**
 STREET ADDRESS **326 N LAKE DR**
 CITY-ST-ZIP **LANTANA FL 33462**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CONTRERAS, ELENA C.**
 STREET ADDRESS **220 N. LAKE DRIVE**
 CITY-ST-ZIP **LANTANA FL 33462**

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: _____

Don Boswell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 561-547-6300
 Date Daytime Phone #

CR2E037 (9/01)