

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90029 022 \*\*\*\*61.25

**DOCUMENT # N28366**

1. Entity Name  
**COCONUT COVE OF LANTANA CONDOMINIUM  
ASSOCIATION, INC.**



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**

**44003972**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01202004 Chg-NP CR2E037 (10/03)

City & State  
Zip Country

City & State  
Zip Country

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **D - VP** ☐ Delete  
NAME **GRAHAM, WILLIAM**  
STREET ADDRESS **832 OYSTER LANE 823**  
CITY-ST-ZIP **LANTANA, FL**

TITLE **D - S** ☐ Delete  
NAME **BOISSON, CLAUDE Y**  
STREET ADDRESS **332 N. LAKE DRIVE**  
CITY-ST-ZIP **LANTANA, FL 33462**

TITLE **D** ☐ Delete  
NAME **CONTERAS, ELENA C**  
STREET ADDRESS **320 N. LAKE DRIVE**  
CITY-ST-ZIP **LANTANA, FL 33462**

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

TITLE **D** ☐ Delete  
NAME **BARACHMAN, KEN**  
STREET ADDRESS **328 N LAKE DRIVE**  
CITY-ST-ZIP **LAKE WORTH, FL 33462**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **BROWN, CHARLOTTE M.**  
STREET ADDRESS **1002 N. PALMWAY**  
CITY-ST-ZIP **LAKE WORTH, FL 33460**

TITLE **D** ☐ Change ☒ Addition  
NAME **DISHOW, JOSEPH**  
STREET ADDRESS **8518 GOLFCLAVE DR.**  
CITY-ST-ZIP **COMMERCE TOWNSHIP, MI 48382**

TITLE **D** ☐ Change ☒ Addition  
NAME **DELSON, MELISSA**  
STREET ADDRESS **322 NORTH LAKE DR.**  
CITY-ST-ZIP **LANTANA, FL 33462**

TITLE **D** ☐ Change ☒ Addition  
NAME **ASMAR, FRANK**  
STREET ADDRESS **7265 TENHILL**  
CITY-ST-ZIP **W. BLOOMFIELD, MI 48222**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-20-2004** **561.5476300**  
Date Daytime Phone #