

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90047 035 ****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			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 65-0138941		
Zip		Country		Applied For <input type="checkbox"/> Not Applicable		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE DP	NAME BOSWELL, DON R.		<input type="checkbox"/> Delete	TITLE D	NAME CHARLOTTE M. BROWN	
STREET ADDRESS 2875 S. OCEAN BLVD. #200	CITY-ST-ZIP PALM BEACH, FL 33480		<input type="checkbox"/> Change	STREET ADDRESS 1002 N. PALMWAY	CITY-ST-ZIP LAKE WORTH, FL 33460	
TITLE VP	NAME GRAHAM, WILLIAM		<input checked="" type="checkbox"/> Delete	TITLE D	NAME DEREK MONTGOMERY	
STREET ADDRESS 832 OYSTER LANE	CITY-ST-ZIP PALM BEACH, FL 33480		<input type="checkbox"/> Change	STREET ADDRESS 318 NORTH LAKE DR.	CITY-ST-ZIP LANTANA, FL 33462	
TITLE DS	NAME BOLSSON, CLAUDE Y		<input type="checkbox"/> Delete	TITLE D	NAME JOSEPH DICKOW	
STREET ADDRESS 332 N. LAKE DRIVE	CITY-ST-ZIP PALM BEACH, FL 33480		<input type="checkbox"/> Change	STREET ADDRESS 8518 GOLF LAKE	CITY-ST-ZIP COMMERCE TOWNSHIP, MI 48382	
TITLE D	NAME CONTERAS, ELENA C		<input type="checkbox"/> Delete	TITLE D + VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 320 N. LAKE DRIVE	CITY-ST-ZIP LANTANA, FL 33462		<input type="checkbox"/> Change	STREET ADDRESS D/S	CITY-ST-ZIP FRANKLIN AR	
TITLE D	NAME ECKLER, WM		<input type="checkbox"/> Delete	STREET ADDRESS 7265 TENHILL	CITY-ST-ZIP WEST BLOOMFIELD, MI 48322	
STREET ADDRESS 326 N LAKE DR	CITY-ST-ZIP LANTANA, FL 33462		<input type="checkbox"/> Change	TITLE D	NAME MELISSA DEZSON	
TITLE D	NAME BARACHMAN, KEN		<input type="checkbox"/> Delete	STREET ADDRESS 322 NORTH LAKE DR.	CITY-ST-ZIP LANTANA, FL 33462	
STREET ADDRESS 328 N LAKE DRIVE	CITY-ST-ZIP LAKE WORTH, FL 33462		<input type="checkbox"/> Change	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:			3/28/2005			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #			