FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N40543** **(3)**

1. Corporation Name

COCO PLUM TERRACES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
105 AVENUE D #103 MARATHON FL 33050 US	105 AVENUE D #103 MARATHON FL 33050 US

3. Date Incorporated or Qualified: **10/26/1990**
3a. Date of Last Report: **03/13/1995**

2. Principal Place of Business	2a. Mailing Address
21 107 AVE D	26 107 AVE D
Suite, Apt. #, etc. 22 OFFICE #215	Suite, Apt. #, etc. 27 OFFICE #215
City & State 23 MARATHON FLA.	City & State 28 MARATHON FLA.
Zip / Country 24 33050 / 25 MONROE	Zip / Country 29 33050 / 30 MONROE

4. FEI Number: **65-0348369** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

JOHNSON, LEE P.
105 AVENUE D, #103
MARATHON FL 33050

10. Name and Address of New Registered Agent

81 Name: LEE P JOHNSON
82 Street Address (P.O. Box Number is Not Acceptable): 107 AVE D #201
83
84 City: MARATHON **FL** 85 Zip Code: 33050

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: LEE P JOHNSON — 4-27-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	JOHNSON, LEE P.		1.2 NAME	LEE P JOHNSON	
STREET ADDRESS	109 AVE D #303		1.3 STREET ADDRESS	107 AVE D #201	
CITY-ST-ZIP	MARATHON FL		1.4 CITY-ST-ZIP	MARATHON FLA. 33050	
TITLE	VSD	☒ DELETE	2.1 TITLE	SD	☑ Change ☐ Addition
NAME	JOHNSON, JOHN		2.2 NAME	RICHARD JOHNSON	
STREET ADDRESS	107 AVE D #211		2.3 STREET ADDRESS	107 AVE D #201	
CITY-ST-ZIP	MARATHON FL		2.4 CITY-ST-ZIP	MARATHON FLA 33050	
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	JOHNSON, RONALD		3.2 NAME	MARGARET S. ESSENBURG	
STREET ADDRESS	105 AVENUE D, #103		3.3 STREET ADDRESS	107 AVE D #304	
CITY-ST-ZIP	MARATHON FL		3.4 CITY-ST-ZIP	MARATHON, FLA. 33050-4038	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: LEE P. JOHNSON — LEE P. JOHNSON — 305 289 1080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)