FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Sep 10, 1999 8:00 am
Secretary of State
09-10-1999 90011 038 ****61.25

DOCUMENT # **N40543**
Corporation Name
COCO PLUM TERRACES CONDOMINIUM ASSOCIATION, INC.

614339 - 90011 - 38

Principal Place of Business	Mailing Address
7 AVE D FICE 215 ARATHON FL 33050	P O BOX 522507 MARATHON SHORES FL 33052 US

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
	26	10/26/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0348369 ☐ Applied For ☐ Not Applicable
	27	
City & State	City & State	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
	28	
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
25	29 30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TARNOWSKI, JOHN J 109 AVENUE "D" UNIT #302 MARATHON FL 33050	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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.

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

OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E	VD	☐ DELETE	1.1 TITLE	PD ☐ Change ☒ Addition
ME	JOHNSON, LEE P		1.2 NAME	KELLER, EDWARD M.
EET ADDRESS	105 AVENUE D #108		1.3 STREET ADDRESS	1864 NO. U.S. 23
Y-ST-ZIP	MARATHON FL 33050		1.4 CITY-ST-ZIP	EAST TAWAS, MI 48730
E	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
ME	TARNOWSKI, JOHN J		2.2 NAME	
EET ADDRESS	109 AVENUE D #302		2.3 STREET ADDRESS	
Y-ST-ZIP	MARATHON FL 33050		2.4 CITY-ST-ZIP	
E	PD	☒ DELETE	3.1 TITLE	[redacted]
ME	SCHMIDT, JIM		3.2 NAME	
EET ADDRESS	1490 SANTURCE RD		3.3 STREET ADDRESS	
Y-ST-ZIP	PORT ST LUCIE FL 34952		3.4. CITY-ST-ZIP	
E		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
ME			4. 2 NAME	
EET ADDRESS			4.3 STREET ADDRESS	
-ST-ZIP			4.4 CITY-ST-ZIP	
E		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
ME			5.2 NAME	
EET ADDRESS			5.3 STREET ADDRESS	
-ST-ZIP			5.4 CITY-ST-ZIP	
E		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
ME			6.2 NAME	
EET ADDRESS			6.3 STREET ADDRESS	
-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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.

IGNATURE: SIGNATURE REQUIRED. TARNOWSKI 9/7/99 305-743-0240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #