

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90124 036 ****61.25

DOCUMENT # N40543

1. Entity Name

COCO PLUM TERRACES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 107 AVE D OFFICE 215 MARATHON FL 33050 US	Mailing Address P O BOX 522507 MARATHON SHORES FL 33052 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0348369	Applied For ☐	Not Applicable ☐
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TARNOWSKI, JOHN J 109 AVENUE "D" UNIT #302 MARATHON FL 33050	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RHOADES, RICHARD J PO BOX 7 VERO BEACH FL 32962	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID M CHRISTY 1125 JAMES AVE NIAGARA FALLS NY 14305	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TARNOWSKI, JOHN J 109 AVENUE D #302 MARATHON FL 33050	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PALMER BAGWELL 1884 PINE TRAIL ROAD EAST TAWAS MI 48730	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLER, EDWARD M 1864 NO US 23 EAST TAWAS MI 48730	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRIS ROTTLEB PO BOX 522694 MARATHON SHORES FL 33052	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEXTON, LORRAINE 105 AVE D #102 MARATHON FL 33050	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JULIA VIDALICH PO BOX 1348 SOUTH HOLL, NY 11971	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENZELL, BEVERLY 1521 ALTON ROAD PMB #254 MIAMI BEACH FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 life empowered.

SIGNATURE: *David M Christy* **DAVID CHRISTY** **2/19/01** **2890458**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)