2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N40543

1. Entity Name
COCO PLUM TERRACES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
107 AVE D OFFICE 215 MARATHON, FL 33050 US	107 AVE D OFFICE 215 MARATHON, FL 33050 US

01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0348369
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FISCHER, ED
105 AVE. D
#107
MARATHON, FL 33050

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

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KAZMAIER, KARL
STREET ADDRESS	4244 COLONY CLUB
CITY-ST-ZIP	PORT CLINTON, OH 43452
TITLE	VP
NAME	BAGWELL, PALMER
STREET ADDRESS	1884 PINE TRL.
CITY-ST-ZIP	EAST TAWAS, MI 48730
TITLE	TD
NAME	BURTON, RICHARD
STREET ADDRESS	959 CAPSTAN DR.
CITY-ST-ZIP	FORKED RIVER, NJ 08731
TITLE	SD
NAME	SCHMIDT, PATRICIA
STREET ADDRESS	1864 N US. 23
CITY-ST-ZIP	EAST TAWAS, MI 48730
TITLE	D
NAME	REESE, THOMAS
STREET ADDRESS	2 BUFFALO AVE.
CITY-ST-ZIP	NIAGARA FALLS, NY 14303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000185960
01/21/05-80035-016 61.25

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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: _____ 7JAN05 305-743-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #