

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90035 011 ****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 107 AVE D OFFICE 215 MARATHON, FL 33050 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0348369	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KURSZKA, LINDA 5800 OVERSEAS HWY STE 6 MARATHON, FL 33050				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, 2007		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	P <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIADO, JOHN			NAME	
STREET ADDRESS	107 AVE D			STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL 33050			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADWELL, PALMER			NAME	
STREET ADDRESS	1884 PINE TRL			STREET ADDRESS	
CITY-ST-ZIP	EAST TAWAS, MI 48730			CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID, RON			NAME	
STREET ADDRESS	107 AVE D			STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL 33050			CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REESE, THOMAS			NAME	
STREET ADDRESS	2 BUFFALO AVE.			STREET ADDRESS	
CITY-ST-ZIP	NIAGARA FALLS, NY 14303			CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMONTE, KATHY			NAME	
STREET ADDRESS	107 AVE D			STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL 33050			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>John Chiodi</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/9/07 305 7434599 <small>Date Daytime Phone #</small>	