

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40543

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: COCO PLUM TERRACES CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

107 AVE D  
OFFICE 215  
MARATHON, FL 33050 US

## New Principal Place of Business:

## Current Mailing Address:

5800 OVERSEA  
SUITE 6  
MARATHON, FL 33050 US

## New Mailing Address:

5800 OVERSEAS HIGHWAY  
SUITE 6  
MARATHON, FL 33050 US

FEI Number: 65-0348369

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KURSZKA, LINDA  
5800 OVERSEAS HWY STE 6  
MARATHON, FL 33050 US

## Name and Address of New Registered Agent:

CRUZ MORATO & ASSOCIATES  
5800 OVERSEAS HWY STE 6  
MARATHON, FL 33050 US

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: MARLENE C. MORATO

04/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CHIADO, JOHN  
Address: 105 AVENUE D  
City-St-Zip: MARATHON, FL 33050

Title: S ( ) Delete  
Name: HILGENDORT, SUE  
Address: 109 AVENUE D  
City-St-Zip: MARATHON, FL 33050

Title: VP ( ) Delete  
Name: DAVID, RON  
Address: 107 AVE D  
City-St-Zip: MARATHON, FL 33050

Title: T ( ) Delete  
Name: MCCLARY, MARY L  
Address: 1541 GLASTONBERRY RD  
City-St-Zip: MAITLAND, FL 32751

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition  
Name: SCHMIDT, JERRY  
Address: 1864 EAST US 2  
City-St-Zip: EAST TAWAS, MI 48730

Title: P (X) Change ( ) Addition  
Name: HILGENDORT, SUE  
Address: 109 AVENUE D  
City-St-Zip: MARATHON, FL 33050

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLENE C. MORATO

CPA

04/30/2009

Electronic Signature of Signing Officer or Director

Date