

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 03, 2009
Secretary of State

DOCUMENT# N40543

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 OVERSEAS HIGHWAY
SUITE 6
MARATHON, FL 33050 US**New Mailing Address:****FEI Number:** 65-0348369 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CRUZ MORATO & ASSOCIATES
5800 OVERSEAS HWY STE 6
MARATHON, FL 33050 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** S () Delete
Name: SCHMIDT, JERRY
Address: 1864 EAST US 2
City-St-Zip: EAST TAWAS, MI 48730**Title:** P () 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:** D (X) Change () Addition
Name: SCHMIDT, JERRY
Address: 1864 EAST US 2
City-St-Zip: EAST TAWAS, MI 48730**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S (X) Change () Addition
Name: DAVID, RON
Address: 107 AVE D
City-St-Zip: MARATHON, FL 33050**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 CRUZ MORATO

CPA

12/03/2009

Electronic Signature of Signing Officer or Director

Date