NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 19, 2003 8:00 am Secretary of State

										JUUI UU	LI V U	'I L	Juan		
DOCUMENT # N40543 1. Entity Name								03-19-2003 90138 021 ****61.25							
Coco Plum Terraces Condominium Association, Inc.															
	DO NO	T WRITE	IN T	HIS SF	PACI	E									
2. Principal	I Place of Business	3. Mailing Address 107 Avenue D			<u>-</u>				·						
Suite, Apt. #, etc. # 215 - Office			Suite, Apt. #, etc. # 215 - Office					DO NOT WRITE IN THIS SPACE							
City & State Marathon, Florida			City & State Marathon, Florida			4. FEI Nu			Vumber	65-0348369	_		Applied For		
Zip 33050	М	Country Onroe	33050			Country Ionroe		5. Certificate of Status Desired See		8.75 e Rea	75 Additional Required				
					===	Name	John R		and Ad	dress of Current R					
DO NOT WRITE									Number	s Not Acceptable)					
IN THIS SPACE						- 88	8811 N.W. 8th Street								
								oke Pines, FL 33024 FL Zip Code 33024							
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 Signature, typed or printed name of registered agent and title if applicable. I (NOTE: Registered Agent signature required when reinstating) DATE															
FEE IS \$61.25 Initial or Amended UBR 9. Election Camp Trust Fund Co															
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Palmer Bag 1884 Pinetra East Tawas	ail	Dir/Tr		TITLE NAME STREET A CITY-ST-										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	David M. Christy Dir/P 1125 James Niagra Falls, NY 14305					DDRESS ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Terryl David Dir/VP 820 Clubhouse Rd - # 4F North Liberty, IA 52317				TITLE NAME STREET AU CITY-ST-	- 1	-	_	DO	NOT W	/RITI	E			
AME 2878 S.E. Wiltshire Terrace Port St. Lucie, FL 34952					NAME STREET AC CITY-ST-2		IN THIS SPACE								
NAME STREET ADDRESS CITY-ST-ZIP	John Rao 8811 N.W. 8 Pembroke P		Dir/Sec		TITLE NAME STREET AD CITY-ST-2	- 1	-				10.				
ITLE NAME STREET ADDRESS CITY-ST-ZIP				i	TITLE NAME STREET AD CITY-ST-Z					,	<u> </u>				

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 on an attachment with an address, with all other-like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED WANT OF SIGNING OFFICER OR DIRECTOR

(Terryl David)

3-15/03 305 743 - 2 002
Date Daytime Phone #