

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003284 (6)**

1. Corporation Name

COCONUT BAY RECREATION ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1401 UNIVERSITY DR SUITE 200
CORAL SPRINGS FL 33071-6039

1401 UNIVERSITY DR SUITE 200
CORAL SPRINGS FL 33071-6039

3. Date Incorporated or Qualified
07/01/1994

3a. Date of Last Report

4. FEI Number

Applied For
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FANT, ALAN
1401 UNIVERSITY DR SUITE 200
CORAL SPRINGS FL 33071-6039

81 Name
Mark Grant C/O Ruden Barnett

82 Street Address (P.O. Box Number is Not Acceptable)
200 E. Broward Boulevard

83

84 City
Pt. Lauderdale

85 FL

86 Zip Code
33302

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the # applicable

(NOTE: Registered Agent signature required when resigning)

DATE

Alan J. Fant

4/26/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
DEPLAZA, MARCIE
1401 UNIVERSITY DR SUITE 200
CORAL SPRINGS FL 33071-6039**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
FANT, ALAN
1401 UNIVERSITY DR SUITE 200
CORAL SPRINGS FL 33071-6039**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
**000001472060
-05/02/95--01162--014
****350.00 ****150.00**
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DST
COSTELLO, RICHARD
1401 UNIVERSITY DR SUITE 200
CORAL SPRINGS FL 33071-6039**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
4/27/95 MS
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
 Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan J. Fant - V.P

V.P.

4/10/95