2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State
01-25-2000 90052 048 ****61.25

DOCUMENT # N95000001197

1. Entity Name

COCO LAKES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O GLEN MANAGEMENT 4301 OAK CIR., # 23 BOCA RATON FL 33431	C/O GLEN MANAGEMENT P.O. BOX 1390 BOCA RATON FL 33429-1390

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/O Glen Management	c/o Glen Management
Suite, Apt. #, etc.: 301 W. CAMINO GARDENS BLVD #200	Suite, Apt. #, etc.: P.O. Box 1390
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33432 Country: US	Zip: 33429-1390 Country: US

4. FEI Number: 65-0662113 ☐ Applied For ☐ Not Applic.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GLEN MANAGEMENT SERVICES, INC. ANDREW C. GLEN 4301 OAK CIR., STE 23 BOCA RATON FL 33431	Name: ANDREW C. GLEN Street Address (P.O. Box Number is Not Acceptable): 301 W. CAMINO GARDENS BLVD #20(City: BOCA BATON FL Zip Code: 33432

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.

SIGNATURE: A. GLEN, DATE: 1/19/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~KEHRWICDER, DOTTIE~~ Gil Ramos 3728 COCOLAKE DR. COCONUT CREEK FL 33073	☑ Delete	PD Mr Gil Ramos 3708 cocolake Dr. Coconut Creek, FL 33073	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~BERNSTEIN, ROBERTA~~ Paul Caliguri ~~3780~~ COCOLAKE DR. COCONUT CREEK FL 33073	☑ Delete	D Mr Paul GALIGURI 3624 Coco Lake Dr Coconut Creek, FL 33073	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~AMATO, NANCY~~ Joan Hudson 3766 COCOLAKE DR. COCONUT CREEK FL 33073	☑ Delete	D MS JOAN HUDSON 3570 Coco Lake Dr. Coconut Creek fl 33073	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~RIOA, INEZ~~ Doug Quara 3492 COCOLAKE DR. COCONUT CREEK FL 33073	☑ Delete	D Mr Doug QUARA 3670 COCOLAKE Dr Coconut creek FL 33073	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HYDE-CLARK, MARTI 3800 COCOLAKE DR. COCONUT CREEK FL 33073	☐ Delete	VD	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COSTELLO, ED 3762 COCOLAKE DR. COCONUT CREEK FL 33073	☐ Delete	TD	☑ Change	☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [illegible] 01/19/00 954-574-009(illegible)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #