

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11410

**Entity Name:** COCO PLUM ASSOCIATION, INC.**Current Principal Place of Business:**98 WYNDEMERE WAY  
NAPLES, FL 34105**Current Mailing Address:**98 WYNDEMERE WAY  
NAPLES, FL 34105 US**FEI Number:** 59-2779404**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OLIVEIRA, ROBERT JEX DIR  
98 WYNDEMERE WAY  
NAPLES, FL 34105 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	LAZARCHIK, ROBERT
Address	26 GOLF COTTAGE DRIVE
City-State-Zip:	NAPLES FL 34105

Title	VD
Name	NYLESE, SANDRA
Address	8 GOLF COTTAGE DRIVE
City-State-Zip:	NAPLES FL 34105

Title	SD
Name	ANDERSON, JOHN
Address	40 GOLF COTTAGE DRIVE
City-State-Zip:	NAPLES FL 34105

Title	TD
Name	FARLEY, PHIL
Address	36 GOLF COTTAGE DR.
City-State-Zip:	NAPLES FL 34109

Title	D
Name	SOMMER, MOLLY
Address	20 GOLF COTTAGE
City-State-Zip:	NAPLES FL 34105

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERT LAZARCHIK****PRESIDENT****03/29/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date