2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# 764085

Entity Name: 330 COCOANUT ROW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

330 COCOANUT ROW
PALM BCH, FL 33480

New Principal Place of Business:

Current Mailing Address:

330 COCOANUT ROW
PALM BCH, FL 33480

New Mailing Address:

FEI Number: 59-2248625 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, CARALYN P
330 COCOANUT ROW
PALM BEACH, FL 33480 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: PD ( ) Delete
Name: MILLER, WILLIAM R
Address: 330 COCOANUT ROW
City-St-Zip: PALM BEACH, FL 33480

Title: VD ( ) Delete
Name: AVERY, JOHN
Address: 330 COCOANUT ROW
City-St-Zip: PALM BEACH, FL 33480

Title: ST ( ) Delete
Name: WEBB, SAMUEL
Address: 330 COCOANUT ROW
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete
Name: REISS, THEODORE
Address: 330 COCOANUT ROW
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete
Name: BROUS, NANCY
Address: 330 COCOANUT ROW
City-St-Zip: PALM BEACH, FL 33480

Title: AS ( ) Delete
Name: ROBINSON, CARALYN P
Address: 330 COCONUT ROW
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: STETSON, JULIA
Address: 330 COCOANUT ROW
City-St-Zip: PALM BEACH, FL 33480

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: CARALYN P. ROBINSON AS 04/25/2007
Electronic Signature of Signing Officer or Director — Date