

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **K37561** (3)

1. Corporation Name  
**COCONUT BEACH MANAGEMENT COMPANY**

Principal Place of Business	Mailing Address
% JOHN M. SPOTTSWOOD JR 500 FLEMING ST KEY WEST FL 33040	% JOHN M. SPOTTSWOOD JR 500 FLEMING ST KEY WEST FL 33040
Robert A. Spottswood	Robert A. Spottswood

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/30/1988** 3a. Date of Last Report **03/16/1994**

2. Principal Place of Business	2a. Mailing Address
21 <b>600 Front Street</b>	26 <b>600 Front Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>Suite B-7</b>	27 <b>Suite B-7</b>
City & State	City & State
23	28
Zip	Country
24	30

4. FEI Number **65-0134975** Applied For  Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**SPOTTSWOOD, JOHN M., JR**  
**500 FLEMING ST**  
**KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>SPOTTSWOOD, WILLIAM B.</b>
STREET ADDRESS	<b>500 FLEMING ST</b>
CITY - ST - ZIP	<b>KEY WEST FL</b>
TITLE	<b>VD</b>
NAME	<b>SPOTTSWOOD, ROBERT A.</b>
STREET ADDRESS	<b>500 FLEMING ST.</b>
CITY - ST - ZIP	<b>KEY WEST FL</b>
TITLE	<b>VID</b>
NAME	<b>SIMS, JOHN R.</b>
STREET ADDRESS	<b>500 FLEMING ST.</b>
CITY - ST - ZIP	<b>KEY WEST FL</b>
TITLE	<b>SD</b>
NAME	<b>SPOTTSWOOD, JR., JOHN M.</b>
STREET ADDRESS	<b>500 FLEMING ST.</b>
CITY - ST - ZIP	<b>KEY WEST FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>V/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>600 Front Street, Suite B-7</b>
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	<b>DELETE</b>
34 CITY - ST - ZIP	
41 TITLE	<b>V/S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>Florence Spottswood-Sims</b>
53 STREET ADDRESS	<b>600 Front Street, Suite B-7</b>
54 CITY - ST - ZIP	<b>Key West, FL 33040</b>
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>Carolyn Hray</b>
63 STREET ADDRESS	<b>600 Front Street, Suite B-7</b>
64 CITY - ST - ZIP	<b>Key West, FL 33040</b>

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)(b), 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, trustee or assignee empowered to execute this report as required by Chapter 407, Florida Statutes; and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE: *[Signature]* 3/22/95 (305) 294-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR