


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # K37561
 1. Entity Name
COCONUT BEACH MANAGEMENT COMPANY



Principal Place of Business 506 FLEMING ST KEY WEST, FL 33040 US	Mailing Address 506 FLEMING ST SUITE B-7 KEY WEST, FL 33040 US
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DO NOT WRITE IN THIS SPACE



03262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0134975	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

100000099454
 03/31/04-800006-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPOTTSWOOD, WILLIAM B. 500 FLEMING ST KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SPOTTSWOOD, ROBERT A. 506 FLEMING ST KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SPOTTSWOOD, JR., JOHN M. 500 FLEMING ST. KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPOTTSWOOD-SIMS, FLORENCE 506 FLEMING ST KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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: *[Signature]* **3/29/2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #