

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 21 11:10:06

DOCUMENT # N16406 (3)

1. Corporation Name

311 COCOANUT ROW OWNERS' ASSOCIATION, INC.

Principal Place of Business

311 COCOANUT ROW, APT. #101
PALM BEACH FL 33480-4111

Mailing Address

311 COCOANUT ROW, APT. #101
PALM BEACH FL 33480-4111

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1986

3a. Date of Last Report

04/01/1994

4. FBI Number

59-1982974

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

FILING FEE IS
\$61.25

Tax Exempt Status

8. This corporation has liability for intangible tax under s. 189.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

PRICE, AILENE W.
311 COCOANUT ROW
APT. #101
PALM BEACH FL 33480

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PTD	PRICE, AILENE	311 COCOANUT ROW	PALM BCH. FL
SD	MUNN, ECTOR O.	311 COCOANUT ROW	PALM BEACH FL
D	POWELL, SARA	311 COCOANUT ROW	PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
11				☐	☐
12				☐	☐
13				☐	☐
21				☐	☐
22				☐	☐
23				☐	☐
24				☐	☐
31				☐	☐
32				☐	☐
33				☐	☐
34				☐	☐
41				☐	☐
42				☐	☐
43				☐	☐
44				☐	☐
51				☐	☐
52				☐	☐
53				☐	☐
54				☐	☐
61				☐	☐
62				☐	☐
63				☐	☐
64				☐	☐

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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ailene W. Price President June 14 1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (3/95)