NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N16406

1. Corporation Name

311 COCOANUT ROW OWNERS' ASSOCIATION, INC.

Country

Principal Place of Business 311 COCOANUT ROW, APT. #101 PALM BEACH FL 33480-4111

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

Zip

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

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90132 019 ****61.25

	.

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

08/18/1986

59-1982974

4. FEI Number

24	25	25 29 30			Trust Fund Contribution Added to Fees						
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
	<u> </u>			81	Name						
DDICE ALLENE W				82	82 Street Address (P.O. Box Number is Not Acceptable)						
PRICE, ALENE W.			02	54 Street Address (F.O. Box Motinger is Not Acceptable)							
311 COCOANUT ROW			83		_						
APT. #101									T 1 = -		
PALM BEACH FL 33480			84	City			FL	85 Zip (Code		
					named :	corporati	on submits this statement		changing its	registered	
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 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 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											
40			<u> </u>	13.	u signature re	adamen whe	ADDITIONS/CHANGES		DIRECTO	RS IN 12	
12.	, · · · · · · · · · · · · · · · · · ·	FICERS AND DIREC	DELETE	1 1 TITLE	· · · · · · · · · · · · · · · · · · ·				Change	Addition	
TITLE	PTD		L OLLETE		j				_ ,	_	
NAME	PRICE, AILENE			12 NAME							
STREET ADDRESS	JII OCCAROT NOW ALT TO				ADDRESS						
CITY-ST-ZIP	PALM BCH. FL			14 CITY-S	T-ZIP				Change	Addition	
TITLE	SD		☐ DELETE	2 1 TITLE	1				Change	☐ Addition	
NAME	POWELL, SARA D.			22 NAME						}	
STREET ADDRESS	300 S. OCEAN BLVD)		23 STREE	ADDRESS						
CITY-ST-ZIP	PALM BEACH FL 33	480		2 4 CITY-S	T-ZIP		<u></u>				
TITLE	D		☐ DELETE	3.1 TITLE					Change	Addition	
NAME	MUNN, VIRGINIA			3 2 NAME	ŀ						
STREET ADDRESS	THE COOCUMENT POWER AND COM			3 3 STREE	T ADDRESS						
CITY-ST-ZIP	OMAN PEROUS			34 CITY-5	ST-ZIP						
TITLE			☐ DELETE	4 1 TITLE					Change	☐ Addition	
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STREET ADDRESS				4 3 STREE	T ADDRESS						
CITY-ST-ZIP				44 CITY-S	T-ZIP						
TITLE			☐ DELETE	51 TITLE					Change	Addition	
NAME				52 NAME							
STREET ADDRESS				53 STREE	T ADDRESS						
CITY-ST-ZIP				54 CITY-S	T-ZIP						
TITLE			DELETE	61 TITLE					Change	Addition	
NAME				6.2 NAME						İ	
				63 STREE	T ADDRESS						
STREET ADDRESS	1			6.4 CITY-S	- 1					ļ	
CITY-ST-ZIP			- d tourdifu for th			L. Casti	ion 110 07/3)(i) Elorida St	atutas I further cor	ifu that the	nformation	

Country

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informationated 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, with all other like empowered.

SIGNATURE:

15 99 561-455 Daytime Phone #

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable