

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 04, 2001 8:00 am
Secretary of State

03-20-2001 90066 006 ****61.25

DOCUMENT # N16406

1. Entity Name

311 COCOANUT ROW OWNERS' ASSOCIATION, INC. ✓

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1982974

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

Ailene W Price

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

(NOTE: Registered Agent signature required when reinstating)

March 15 2001

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input type="checkbox"/> Delete
NAME	PRICE, AILENE	
STREET ADDRESS	311 COCOANUT ROW APT 101	
CITY-ST-ZIP	PALM BCH. FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	POWELL SARA D.	
STREET ADDRESS	300 S. OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MUNN, VIRGINIA	
STREET ADDRESS	311 COCOANUT ROW APT 201	
CITY-ST-ZIP	PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME	Elee M Sumner	
STREET ADDRESS	311 Cocoanut Row	Directors
CITY-ST-ZIP	Palm Beach Fl 33480	
TITLE		<input type="checkbox"/> Delete
NAME	Patricia Whitman	
STREET ADDRESS	410 East 57th ST	Director
CITY-ST-ZIP	Nyc Ny 10022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 617, 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 REQUIRED

Ailene W Price March 30 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President

CR2E037 (10/00)