

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90192 024 ****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

Zip

Country

Zip

Country

4. FEI Number

59-1982974

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



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 _____

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

(NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete
NAME	GUMENA, ELSE M
STREET ADDRESS	311 COCO CREST 1 ROW
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	D <input type="checkbox"/> Delete
NAME	WHITMAN, PATRICIA
STREET ADDRESS	410 E. 57TH ST
CITY-ST-ZIP	NEW YORK NY 10022
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Ailene W. Price* **RECEIVED** March 16 2002 561 655 5799

CR2E037 (9/01)