


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90020 020 ****61.25

DOCUMENT # N16406 1. Entity Name 311 COCOANUT ROW OWNERS' ASSOCIATION, INC.	
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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
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06042004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1982974	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PRICE, AILENE 311 COCOANUT ROW APT 101 PALM BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUMENA, ELSE M 311 COCO CREST 1 ROW PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITMAN, PATRICIA 410 E. 57TH ST NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 July 24 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #