

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Apr 17 1996 8:00 am  
Secretary of State

DOCUMENT # **N36312 (9)**  
1. Corporation Name  
**COCONUT BEACH RESORT OWNERS ASSOCIATION, INC.**



Principal Place of Business: **1500 ALBERTA ST KEY WEST FL 33040**  
Mailing Address: **1500 ALBERTA ST KEY WEST FL 33040**

3. Date Incorporated or Qualified: **01/26/1990**  
3a. Date of Last Report: **06/26/1995**  
4. FEI Number: **65-0182731**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** Suite, Apt. #, etc.  
22 City & State: **23**  
24 Zip: **25** Country: **26**  
2a. Mailing Address: **26** Suite, Apt. #, etc.  
27 City & State: **28**  
29 Zip: **30** Country: **30**

9. Name and Address of Current Registered Agent  
**SPOTTSWOOD, ROBERT A  
1500 ALBERTA ST  
KEY WEST FL 33040**

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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOTTSWOOD, ROBERT A	1.2 NAME	
STREET ADDRESS	1500 ALBERTA ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOTTSWOOD, JOHN M.	2.2 NAME	
STREET ADDRESS	1500 ALBERTA ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOTTSWOOD, WILLIAM B.	3.2 NAME	
STREET ADDRESS	1500 ALBERTA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Daniel Pryor
STREET ADDRESS		4.3 STREET ADDRESS	1500 Alberta St.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Key West, FL 33040
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Phil Scarano
STREET ADDRESS		5.3 STREET ADDRESS	1500 Alberta St.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Key West, FL 33040
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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: *[Signature]* DATE: **4/19/96** DAYTIME PHONE #: **305-294-3000**

CR2E037 (12/95)