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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N36312

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/26/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0182731	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SPOTTSWOOD, ROBERT A 1500 ALBERTA ST KEY WEST FL 33040				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

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	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DANIEL PRYOR		4.2 NAME		
STREET ADDRESS	1500 ALBERTA ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHIL SCARANO		5.2 NAME		
STREET ADDRESS	1500 ALBERTA ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		5.4 CITY-ST-ZIP		
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 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 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: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)