

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36312

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0182731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPOTTSWOOD, ROBERT A  
1500 ALBERTA ST  
KEY WEST FL 33040

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete  
NAME SPOTTSWOOD, ROBERT A  
STREET ADDRESS 1500 ALBERTA ST.  
CITY-ST-ZIP KEY WEST FL

TITLE DST ☐ Delete  
NAME SPOTTSWOOD, JOHN M.  
STREET ADDRESS 1500 ALBERTA ST  
CITY-ST-ZIP KEY WEST FL

TITLE VD ☐ Delete  
NAME SPOTTSWOOD, WILLIAM B.  
STREET ADDRESS 1500 ALBERTA ST  
CITY-ST-ZIP KEY WEST FL

TITLE D ☐ Delete  
NAME DANIEL PRYOR  
STREET ADDRESS 1500 ALBERTA ST  
CITY-ST-ZIP KEY WEST FL

TITLE D ☐ Delete  
NAME PHIL SCARANO  
STREET ADDRESS 1500 ALBERTA ST  
CITY-ST-ZIP KEY WEST FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ 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 reports 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90048 004 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)