


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

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
--	--



03292004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0182731	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

SPOTTSWOOD, ROBERT A
 1500 ALBERTA ST
 KEY WEST, FL 33040

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

000000110396
 04/12/04-80106-002 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SPOTTSWOOD, ROBERT A 1500 ALBERTA ST. KEY WEST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SPOTTSWOOD, JOHN M. 1500 ALBERTA ST KEY WEST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SPOTTSWOOD, WILLIAM B. 1500 ALBERTA ST KEY WEST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOFFMAN, KATHLEEN 1500 ALBERTA ST KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHIL SCARANO 1500 ALBERTA ST KEY WEST, FL
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____