


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N36312 1. Entity Name COCONUT BEACH RESORT OWNERS ASSOCIATION, INC.	
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Principal Place of Business 1500 ALBERTA ST KEY WEST FL 33040	Mailing Address 1500 ALBERTA ST KEY WEST FL 33040
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 65-0182731
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



1st MOORE CR2E037 (10/04)

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
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD SPOTTSWOOD, ROBERT A <input type="checkbox"/> Delete
NAME	SPOTTSWOOD, ROBERT A
STREET ADDRESS	1500 ALBERTA ST.
CITY- ST- ZIP	KEY WEST FL
TITLE	DST <input type="checkbox"/> Delete
NAME	SPOTTSWOOD, JOHN M.
STREET ADDRESS	1500 ALBERTA ST
CITY- ST- ZIP	KEY WEST FL
TITLE	VD <input type="checkbox"/> Delete
NAME	SPOTTSWOOD, WILLIAM B.
STREET ADDRESS	1500 ALBERTA ST
CITY- ST- ZIP	KEY WEST FL
TITLE	D <input type="checkbox"/> Delete
NAME	HOFFMAN, KATHLEEN
STREET ADDRESS	1500 ALBERTA ST
CITY- ST- ZIP	KEY WEST FL 33040
TITLE	D <input type="checkbox"/> Delete
NAME	PHIL SCARANO
STREET ADDRESS	1500 ALBERTA ST
CITY- ST- ZIP	KEY WEST FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000000244570
STREET ADDRESS	02/26/05-80027-005 61.25
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 of 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 # _____