


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N36312</b>			
1. Entity Name <b>COCONUT BEACH RESORT OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>1500 ALBERTA ST KEY WEST FL 33040</b>		Mailing Address <b>1500 ALBERTA ST KEY WEST FL 33040</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SPOTTSWOOD, ROBERT A 1500 ALBERTA ST KEY WEST FL 33040</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and filer applicable (NOTE: Registered Agent Signature required when reinstating)</small>			



1st MOORE CR2E037 (10/06)

4. FEI Number **65-0182731** Applied For  Not Applied

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**FILE NOW: FEE IS \$61.25 Due By May 1, 2007**

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

1000000647084  
03/06/07-80057-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, and all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR