


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2008 08:00 A
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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DO NOT WRITE IN THIS SPACE



03132008 No Chg-NP CR2E037 (4/06)

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

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	

U00000863425
04/03/08-80091-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #