

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90726 011 ****61.25

DOCUMENT # 764085

1. Entity Name

330 COCOANUT ROW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**330 COCOANUT ROW
PALM BCH FL 33480**

**330 COCOANUT ROW
PALM BCH FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2248625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MURPHY, EUGENE W., JR.
340 ROYAL PALM WAY
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name **CARALYN P. ROBINSON**

Street Address (P.O. Box Number is Not Acceptable)

330 COCOANUT ROW

City **PALM BEACH**

FL

Zip Code **33480**

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

Caralyn P. Robinson

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
Due By May 1, 2004**

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	<input type="checkbox"/> Delete
NAME	FISHMAN, KENNETH	
STREET ADDRESS	330 COCOANUT ROW	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AVERY, JOHN	
STREET ADDRESS	330 COCOANUT ROW	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SIRIS, LINDA	
STREET ADDRESS	330 COCOANUT ROW	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, WILLIAM	
STREET ADDRESS	330 COCOANUT ROW	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROUS, NANCY	
STREET ADDRESS	330 COCOANUT ROW	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	ASTD	<input checked="" type="checkbox"/> Delete
NAME	PELL, HAROLD	
STREET ADDRESS	14337 STIRRUP LANE	
CITY-ST-ZIP	WELLINGTON FL 33414	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBRA GOLDSTEIN	
STREET ADDRESS	330 COCOANUT ROW	
CITY-ST-ZIP	PALM BEACH, FL. 33480	
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		
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 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

Kenneth F. Fishman

Apr 15, 2004 50 655-8013

Date

Daytime Phone #