

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

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 764085**

1. Entity Name  
**330 COCOANUT ROW CONDOMINIUM ASSOCIATION,  
INC.**



Principal Place of Business

**330 COCOANUT ROW  
PALM BCH, FL 33480**

Mailing Address

**330 COCOANUT ROW  
PALM BCH, FL 33480**

**DO NOT WRITE IN THIS SPACE**

01122008 No Chg-NP

CR2E037 (4/06)

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

**ROBINSON, CARALYN P  
330 COCOANUT ROW  
PALM BEACH, FL 33480**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

000000790507  
01/23/08-80037-009 61.25

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MILLER, WILLIAM R  
STREET ADDRESS 330 COCOANUT ROW  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE VD  
NAME AVERY, JOHN  
STREET ADDRESS 330 COCOANUT ROW  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE ST  
NAME WEBB, SAMUEL  
STREET ADDRESS 330 COCOANUT ROW  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D  
NAME REISS, THEODORE  
STREET ADDRESS 330 COCOANUT ROW  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D  
NAME STETSON, JULIA  
STREET ADDRESS 330 COCOANUT ROW  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE AS  
NAME ROBINSON, CARALYN P  
STREET ADDRESS 330 COCONUT ROW  
CITY-ST-ZIP PALM BEACH, FL 33480

**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:**

*Caralyn P. Robinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1.12.08*  
Date

*561655-8013*  
Daytime Phone #