## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 764085

1. Entity Name

## 330 COCOANUT ROW CONDOMINIUM ASSOCIATION, INC.



FILED Apr 29, 2003 8:00 am Secretary of State

04-29-2003 90059 040 \*\*\*\*61.25

| 330 COCOANUT ROW 330 C                      |  |                     | Aailing Address<br>30 COCOANUT ROW<br>ALM BCH FL 33480  |                |  |                                    |                                      | ٠ جرت ت            | ·<br>·          |                              |         |
|---|--|---------------------|---|----------------|--|------------------------------------|--------------------------------------|--------------------|-----------------|------------------------------|---------|
| 2. Principal f                              | Place of Business  | 3. Ma               | iling Address   |                | ···-   |                                    |                                      |                    |                 |                              |         |
| Suite, Apt. #, etc. Su                      |  |                     | Suite, Apt. #, etc.                                     |                |  | <u> </u>                           | ☐ CHECK HERE IF MAKING CHANGES       |                    |                 |                              |         |
| City & State C                              |  |                     | City & State  |                |  |                                    |                                      |                    |                 |                              |         |
|   |  |                     | ity of State  |                |  | 4. FEI Number 59-2248625           |                                      |                    |                 | pplied For<br>lot Applicable | _       |
| Zip Country Z                               |  |                     | p   | Count          | ry   |                                    |                                      |                    | 8.75 Additional |                              |         |
|   | 6. Name and Address of Curre                                       | ed Agent            |   |                | 7. Name and Add                                    | iress of New Reg                   | istered Ag                           | ent                |                 | 1                            |         |
|   |  |                     |   | -              | Name   | ~~ <del>~</del>                    |                                      |                    |                 |                              | ]       |
| MURPHY, EUGENE W., JR.                      |  |                     |   | -              | Street Address (P.O. Box Number is Not Acceptable) |                                    |                                      |                    |                 |                              | 1       |
|   | /AL PALM WAY<br>EACH FL 33480                                      |                     |   | F              | · <b>-</b> ···                                     |                                    |                                      |                    |                 |                              | 4       |
| TAUR DENOTITE SOMO                          |  |                     |   | L              | City   |                                    |                                      |                    | Zip Cod         |                              | ┨       |
|   |  |                     |   |                | •  |                                    |                                      | FL                 |                 |                              | _       |
| <ol><li>The above<br/>the obligat</li></ol> | e named entity submits this statemen<br>tions of registered agent. | t for the purp      | oose of changing its                                    | registered     | office or reg                                      | gistered agent, or both, in        | the State of Florid                  | a. I am far        | niliar with,    | and accept                   |         |
| SIGNATURE                                   | Stgnature, typed or printed name of registered ag                  | ent and title if ap | plicable. (NOTE   | : Registered A | gent signature re                                  | equired when reinstaling)          |                                      | DATE               |                 |                              |         |
| FILE NOW: FEE IS \$61.25                    |  |                     | 9. Election Campaign Financing Trust Fund Contribution. |                |  | <b>\$5.00</b> May Be Added to Fees |                                      | Check  <br>Departn |                 |                              |         |
| 10.   | OFFICERS AND   | DIRECTORS           |   | 11.            |  | ADDITIONS/CHANG                    | ES TO OFFICERS                       | AND DIRE           | CTORS IN        | V 10                         | 1       |
| TITLE                                       | VD   |                     | ☐ Delete  | TITLE          |  | PD                                 | X                                    |                    |                 | Addition                     | 8       |
| NAME  | FISHMAN, KENNETH   |                     |   | NAME           |  | Fishman, Ker                       |                                      |                    |                 |                              | (10/02) |
| STREET ADDRESS<br>CITY-ST-ZIP               | SS 330 COCOANUT ROW<br>PALM BCH FL 33480                           |                     |   |                | T T  |                                    | O Cocoanut Row<br>lm Beach, FL 33480 |                    |                 |                              | E037    |
| TITLE                                       | D  |                     | <b>₩</b> Delete   | TITLE          |  | VD                                 | гь 3340                              |                    | Change          | <b>½</b> Addition            | CRZE    |
| NAME  | LYON, SHERILL  |                     | D DEIGRE  | NAME           |  | Avery, John                        |                                      | L                  | _ Change        | X Addition                   | ြင်     |
| STREET ADDRESS                              | ADDRESS 330 COCOANUT ROW   |                     |   | STREET         |  |                                    | 0 Cocoanut Row                       |                    |                 |                              |         |
| CITY-ST-ZIP                                 | PALM BEACH FL 33480  |                     | <del></del>   | CITY-ST        |  | Palm Beach,                        | FL 3348                              | 0                  |                 |                              |         |
| TITLE                                       | PD SIRIS, LINDA  |                     | Delete  | TITLE          |  | STD                                | D - 1                                |                    | Change          | Addition                     | -       |
| NAME<br>STREET ADDRESS                      | 330 COCOANUT ROW   |                     |   |                |  | Goldstein, 1<br>330 Cocoanu:       |                                      |                    |                 |                              |         |
| CITY-ST-ZIP                                 | PALM BEACH FL  |                     |   | CITY-ST        | -ZIP   | Palm Beach,                        | L ROW<br>FT. 3348                    | n                  |                 |                              |         |
| TITLE                                       | D  |                     | X Delete  | TITLE          |  | D D                                | 12 3310                              |                    | Change          | X Addition                   | 1       |
| NAME  | RUDOLPH, BARBARA   |                     | 22 50.00  | NAME           |  | Miller, Will                       | liam                                 | -                  | _ Onlinge       | A Mounton                    |         |
| STREET ADDRESS                              | 330 COCOANUT ROW   |                     |   | STREET         | NDORESS  | 330 Cocoanui                       | t Row                                |                    |                 |                              |         |
| CITY-ST-ZIP                                 | PALM BEACH FL 33480  |                     |   | CITY-ST        |  | Palm Beach,                        | FL 3348                              | 0                  |                 |                              |         |
| TITLE                                       | DOLUTUIT MANCY   |                     | 🔀 Delete  | TITLE          | 1 '  | D<br>D                             |                                      | C                  | Change          | X Addition                   |         |
| NAME<br>STREET ADDRESS                      | DOUTHIT, NANCY   | ·C                  | •   | NAME<br>CTREET |  | Brous, Nancy                       |                                      |                    |                 |                              |         |
| CITY-ST-ZIP                                 |  |                     | STREE<br>CITY-  |                |  | 330 Cocoanui<br>Palm Beach,        |                                      | n                  |                 |                              |         |
| TITLE                                       | ASTD   | · · ·               | Delete  | TITLE          |  | LUIM DEACH,                        | TH 2240                              |                    | Change          | ☐ Addition                   | 1       |
| NAME  | PELL, HAROLD   |                     |   | NAME           |  |                                    |                                      | L                  | , onunge        |                              |         |
| STREET ADDRESS                              | 14337 STIRRUP LANE   |                     |   | STREET A       | DDRESS   |                                    |                                      |                    |                 |                              |         |
| DITY-ST-ZIP WELLINGTON FL 33414             |  |                     |   | CITY-ST        | - ZIP  |                                    |                                      |                    |                 |                              |         |
|   |  |                     |   |                |  |                                    |                                      |                    |                 |                              | 4       |

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 an other like empowered.

SIGNATURE: 14-26-03 561-659-3642