| KEY WEST,                                   |   |                                       |   |            |
|---|---|---------------------------------------|---|------------|
| FEI Number: 65-0182731                      |   |                                       | Certificate of Status Desired: No       |            |
| Name and A                                  | ddress of Current Registered Agent:                             |                                       |   |            |
| SPOTTSWOOD<br>506 FLEMING S<br>KEY WEST, FL |   |                                       |   |            |
| The above named                             | d entity submits this statement for the purpose of changing its | s registered office or regis          | tered agent, or both, in the State of F | lorida.    |
| SIGNATURE: ROBERT A SPOTTSWOOD              |   |                                       |   | 04/27/2022 |
|   | Electronic Signature of Registered Agent                        |                                       |   | Date       |
| Officer/Dire                                | ctor Detail :   |                                       |   |            |
| Title                                       | DIRECTOR, PRESIDENT   | Title                                 | DIRECTOR, SECRETARY,<br>TREASURER       |            |
| Name  | GALVAN, GEORGE  | Name                                  | MOORE, RANDY                            |            |
| Address                                     | 1500 ALBERTA ST.  |                                       |   |            |
| City-State-Zip:                             | KEY WEST FL   | Address                               | 1500 ALBERTA ST                         |            |
|   |   | City-State-Zip:                       | KEY WEST FL                             |            |
| Title                                       | DIRECTOR, VP  | Title                                 | DIRECTOR                                |            |
| Name  | SPOTTSWOOD, WILLIAM B   | Name                                  | HOFFMAN, KATHLEEN                       |            |
| Address                                     | 1500 ALBERTA ST   | Address                               | 1500 ALBERTA ST                         |            |
| City-State-Zip:                             | KEY WEST FL   | City-State-Zip:                       |   |            |
| Title                                       | DIRECTOR  | , , , , , , , , , , , , , , , , , , , |   |            |
| Name  | SCARANO, PHIL   |                                       |   |            |
| Address                                     | 1500 ALBERTA ST   |                                       |   |            |
| City-State-Zip:                             | KEY WEST FL 33040   |                                       |   |            |

## I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

### SIGNATURE: GEORGE GALVAN

Electronic Signature of Signing Officer/Director Detail

04/27/2022 Date

## FILED Apr 27, 2022 **Secretary of State** 0214494555CC

# **Current Principal Place of Business:** 1500 ALBERTA ST

DOCUMENT# N36312

KEY WEST, FL 33040

## **Current Mailing Address:**

1500 ALBERTA ST

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: COCONUT BEACH RESORT OWNERS ASSOCIATION, INC.