

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36312

**Entity Name:** COCONUT BEACH RESORT OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1500 ALBERTA ST  
KEY WEST, FL 33040

**Current Mailing Address:**

1500 ALBERTA ST  
KEY WEST, FL 33040

**FEI Number:** 65-0182731

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPOTTSWOOD, ROBERT A  
1500 ALBERTA ST  
KEY WEST, FL 33040 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name SPOTTSWOOD, JOHN M  
Address 1500 ALBERTA ST.  
City-State-Zip: KEY WEST FL

Title DST  
Name MOORE, RANDY  
Address 1500 ALBERTA ST  
City-State-Zip: KEY WEST FL

Title VD  
Name SPOTTSWOOD, WILLIAM B.  
Address 1500 ALBERTA ST  
City-State-Zip: KEY WEST FL

Title D  
Name HOFFMAN, KATHLEEN  
Address 1500 ALBERTA ST  
City-State-Zip: KEY WEST FL 33040

Title D  
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:** JOHN M. SPOTTSWOOD JR

**PRESIDENT**

**06/30/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date