


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90028 030 ****61.25

DOCUMENT # 720222 1. Entity Name AUSTRALIAN-COCOANUT TOWNHOUSE ASSOCIATION, INC.	
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Principal Place of Business 222 DATURA ST. / HARVEY BLDG # 807 WEST PALM BEACH, FL 33401	Mailing Address PO BOX 888 PALM BCH, FL 33480
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40000321



01042005--No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1482193	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PARKEY, DRINA C. 222 DATURA ST. / HARVEY BLDG WEST PALM BEACH, FL 33401

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARKEY, D 139 N. COUNTY RD. PALM BCH, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEIST, ALAN 337 AUSTRALIAN AVE. PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LESHER, JB 353 COCOANUT ROW PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PALADINO, WILLIAM 349 AUSTRALIAN AVENUE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 of 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: *Drina C. Parkey* *Drina C. Parkey, Sec* *1/14/05* *561-659-3263*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #