


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90379 012 \*\*\*\*61.25

<b>DOCUMENT # 720222</b> 1. Entity Name <b>AUSTRALIAN-COCOANUT TOWNHOUSE ASSOCIATION, INC.</b>					
Principal Place of Business <b>222 DATURA ST. / HARVEY BLDG # 807 WEST PALM BEACH, FL 33401</b>			Mailing Address <b>PO BOX 888 PALM BCH, FL 33480</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc. <b>P.O. Box 368</b>			
City & State		City & State <b>PALM BEACH FL.</b>			
Zip	Country	Zip <b>33480</b>	Country	4. FEI Number <b>59-1482193</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PARKEY, DRINA C. 222 DATURA ST. / HARVEY BLDG WEST PALM BEACH, FL 33401</b>			7. Name and Address of New Registered Agent Name <b>CARALYN P. ROBINSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>224 DATURA STREET</b> <b># 807</b> City <b>WEST PALM BEACH FL</b> Zip Code <b>33401</b>		
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 <u><i>Caralyn P. Robinson</i></u> DATE <u>4.27.06</u> <small>Signature, typed or printed name of Registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARKEY, D 139 N. COUNTY RD. PALM BCH, FL 00000,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEIST, ALAN 337 AUSTRALIAN AVE. PALM BEACH, FL 33480	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LESHER, JB 353 COCOANUT ROW PALM BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PALADINO, WILLIAM 349 AUSTRALIAN AVENUE PALM BEACH, FL 33480	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Caralyn P. Robinson</i></u>			4.27.06 561655-8013		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40074665



04192006 Chg-NP CR2E037 (11/05)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Name **CARALYN P. ROBINSON**  
 Street Address (P.O. Box Number is Not Acceptable) **224 DATURA STREET**  
**# 807**  
 City **WEST PALM BEACH FL** Zip Code **33401**

4.27.06

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	PARKEY, D	
STREET ADDRESS	139 N. COUNTY RD.	
CITY-ST-ZIP	PALM BCH, FL 00000,	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LEIST, ALAN	
STREET ADDRESS	337 AUSTRALIAN AVE.	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LESHER, JB	
STREET ADDRESS	353 COCOANUT ROW	
CITY-ST-ZIP	PALM BEACH, FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PALADINO, WILLIAM	
STREET ADDRESS	349 AUSTRALIAN AVENUE	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caralyn P. Robinson	
STREET ADDRESS	224 Datura St, #807	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4.27.06 561655-8013  
Date Daytime Phone #