


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90409 048 ****61.25

DOCUMENT # 720222 1. Entity Name AUSTRALIAN-COCOANUT TOWNHOUSE ASSOCIATION, INC.					
Principal Place of Business 222 DATURA ST. / HARVEY BLDG # 807 WEST PALM BEACH, FL 33401			Mailing Address PO BOX 368 PALM BCH, FL 33480		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-1482193	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBINSON, CARALYN P 224 DATURA ST SUITE 807 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name <u>Hailett, Richard</u> Street Address (P.O. Box Number is Not Acceptable) <u>120 S. Olive Ave #209</u> City <u>WPB</u> <u>FL</u> Zip Code <u>33401</u>	
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>[Signature]</u> <u>Richard P Hailett</u> <u>4/16/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBINSON, CARALYN P 224 DATURA ST SUITE 807 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Murray Stephen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 353 Coconut Row PB, FL 33480		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEIST, ALAN <input type="checkbox"/> Delete 337 AUSTRALIAN AVE. PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Richard Hailett <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 120 S. Olive Ave #209 WPB, FL 33401		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LESHER, JB <input checked="" type="checkbox"/> Delete 353 COCOANUT ROW PALM BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PALADINO, WILLIAM <input type="checkbox"/> Delete 349 AUSTRALIAN AVENUE PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/21/08</u> <u>1-800-285-7553</u> <small>Date Daytime Phone #</small>			