2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N16406

1. Entity Name
311 COCOANUT ROW OWNERS' ASSOCIATION, INC.

Principal Place of Business
311 COCOANUT ROW, APT. #101
PALM BEACH, FL 33480-4111

Mailing Address
311 COCOANUT ROW, APT. #101
PALM BEACH, FL 33480-4111

04282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1982974 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

PRICE, AILENE W.
311 COCOANUT ROW
APT. #101
PALM BEACH, FL 33480

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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

U000000937792
05/27/08-80064-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	PRICE, AILENE
STREET ADDRESS	311 COCOANUT ROW APT 101
CITY-ST-ZIP	PALM BCH., FL
TITLE	D
NAME	GUMENA, ELSE M
STREET ADDRESS	311 COCO CREST 1 ROW
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	WHITMAN, PATRICIA
STREET ADDRESS	410 E. 57TH ST
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: Ailene W Price — April 29. 2008 — 561 655 5799.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

President