


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N36312</b> 1. Entity Name COCONUT BEACH RESORT OWNERS ASSOCIATION, INC.	
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Principal Place of Business 1500 ALBERTA ST KEY WEST, FL 33040	Mailing Address 1500 ALBERTA ST KEY WEST, FL 33040
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<b>DO NOT WRITE IN THIS SPACE</b>
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03132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0182731	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  SPOTTSWOOD, ROBERT A 1500 ALBERTA ST KEY WEST, FL 33040
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SPOTTSWOOD, ROBERT A 1500 ALBERTA ST. KEY WEST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SPOTTSWOOD, JOHN M. 1500 ALBERTA ST KEY WEST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SPOTTSWOOD, WILLIAM B. 1500 ALBERTA ST KEY WEST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOFFMAN, KATHLEEN 1500 ALBERTA ST KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHIL SCARANO 1500 ALBERTA ST KEY WEST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000863425 04/03/08-80091-017 61.25</p>          <b>DO NOT WRITE IN THIS SPACE</b>
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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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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