

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36312

FILED
Feb 06, 2009
Secretary of State

Entity Name: COCONUT BEACH RESORT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1500 ALBERTA ST
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1500 ALBERTA ST
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0182731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPOTTSWOOD, ROBERT A
1500 ALBERTA ST
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPOTTSWOOD, ROBERT A
Address: 1500 ALBERTA ST.
City-St-Zip: KEY WEST, FL

Title: DST () Delete
Name: SPOTTSWOOD, JOHN M.,
Address: 1500 ALBERTA ST
City-St-Zip: KEY WEST, FL

Title: VD () Delete
Name: SPOTTSWOOD, WILLIAM, B.
Address: 1500 ALBERTA ST
City-St-Zip: KEY WEST, FL

Title: D () Delete
Name: HOFFMAN, KATHLEEN
Address: 1500 ALBERTA ST
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: PHIL SCARANO,
Address: 1500 ALBERTA ST
City-St-Zip: KEY WEST, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SPOTTSWOOD, JOHN M
Address: 1500 ALBERTA ST.
City-St-Zip: KEY WEST, FL

Title: DST (X) Change () Addition
Name: MOORE, RANDY
Address: 1500 ALBERTA ST
City-St-Zip: KEY WEST, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M.SPOTTSWOOD, JR.

PRES

02/06/2009

Electronic Signature of Signing Officer or Director

Date