2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# N94000003091

Entity Name: COCONUT PALMS BEACH RESORT OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

811 S. ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

Current Mailing Address:

ATTN: LINDA RIDDLE
3865 W. CHEYENNE AVE.
N LAS VEGAS, NV 89032 US

New Mailing Address:

FEI Number: 59-3253342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: STD ( ) Delete
Name: ANDERSON, DELETTA
Address: 10944 CHELSEA ST
City-St-Zip: OAKHILLS, CA 92345

Title: PD ( ) Delete
Name: HAYES, JOAN
Address: 6987 EDGEWORTH DR
City-St-Zip: ORLANDO, FL 32819

Title: VPD ( ) Delete
Name: MCLEAN, JOHN
Address: 16532 INDIAN HOLLOW RD
City-St-Zip: GRAFTON, OH 44044

Title: D ( ) Delete
Name: GILBERT, LARRY
Address: 40 VAN PARYS AVENUE
City-St-Zip: DELHI, ONTARIO, CANADA, N4B123

Title: D ( ) Delete
Name: WETHERBEE, JAMES
Address: 5590 HICKORY WOOD CRT
City-St-Zip: CEDAR RAPIDS, IA 52411

Title: D ( ) Delete
Name: GREENE, HERMAN JR
Address: 1575 SIXTH STREET
City-St-Zip: RENSSELAER, NY 12144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change ( ) Addition
Name: ANDERSON, DELETTA
Address: 10944 CHELSEA ST
City-St-Zip: OAKHILLS, CA 92345

Title: DP (X) Change ( ) Addition
Name: HAYES, JOAN
Address: 6987 EDGEWORTH DR
City-St-Zip: ORLANDO, FL 32819

Title: DVP (X) Change ( ) Addition
Name: MCLEAN, JOHN
Address: 16532 INDIAN HOLLOW RD
City-St-Zip: GRAFTON, OH 44044

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: MARILYN WINDSOR AS 04/10/2008

Electronic Signature of Signing Officer or Director — Date