

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003091

FILED
Jan 27, 2012
Secretary of State

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:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

EICHMANN, GLENN R MANAGER
811 SOUTH ATLANTIC AVE
NEW SMYRNA, FL 32169 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: DST
Name: ANDERSON, DELETTA
Address: 10944 CHELSEA ST
City-St-Zip: OAKHILLS, CA 92344

Title: DP
Name: HAYES, JOAN
Address: 6987 EDGEWORTH DR
City-St-Zip: ORLANDO, FL 32819

Title: DVP
Name: JERTON, WAYNE
Address: 5 MARAZION LANE
City-St-Zip: BELLA VISTA, AR 72714

Title: D
Name: MILLER, CHARLES
Address: 3117 CARMIE DR.
City-St-Zip: EDGEWATER, FL 32132

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

Title: D
Name: WEBBER, MICHAEL
Address: PO BOX 38
City-St-Zip: CHESTER, NS BOJ1JO CA

I hereby 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 all other like empowered.

SIGNATURE: JOAN HAYES

DP

01/27/2012

Electronic Signature of Signing Officer or Director

Date