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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721669 (0)

1. Corporation Name
T. C. MANAGEMENT - THE COQUINA, INC.



Principal Place of Business Mailing Address
7800 A1A SOUTH, UNIT A-101 ST. AUGUSTINE FL 32086-8351
7800 A1A SOUTH, UNIT A-101 ST. AUGUSTINE FL 32086-8353

3. Date Incorporated or Qualified 09/08/1971
3a. Date of Last Report 02/07/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
4. FEI Number 59-1425179 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARPENTER, RONALD A
5608 NW 43RD STREET
GAINESVILLE FL 32608

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	HANSON, MARY J	1.2 NAME	SYLVIA CARLSON
STREET ADDRESS	2385 NW 18TH PLACE	1.3 STREET ADDRESS	38 TURKEY CREEK
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	ALACHUA, FL. 32615
TITLE	VD	2.1 TITLE	VD
NAME	GRATH, JOE	2.2 NAME	DICK WITTINGTON
STREET ADDRESS	451 NW 58TH STREET	2.3 STREET ADDRESS	5610 NW 45TH LANE
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	GAINESVILLE, FL. 32606
TITLE	SD	3.1 TITLE	SEC. D
NAME	WHITTINGTON, DICK	3.2 NAME	SENAH SEAGLE
STREET ADDRESS	5610 NW 45TH LANE	3.3 STREET ADDRESS	3315 NW 29E TERRACE
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	GAINESVILLE, FL. 32605
TITLE	TD	4.1 TITLE	TD
NAME	SEAGLE, SENAH	4.2 NAME	MILTON MCGRATH
STREET ADDRESS	3315 NW 29TH TERRACE	4.3 STREET ADDRESS	451 NW 58TH ST.
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	GAINESVILLE, FL. 32607
TITLE		5.1 TITLE	MEM.
NAME		5.2 NAME	CAROL ANN KILLIAN
STREET ADDRESS		5.3 STREET ADDRESS	7242 TRAILS END
CITY-ST-ZIP		5.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32211
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: Sylvia Carlson - SYLVIA CARLSON 1/6/97 462-5031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001823

CR2E037 (9/96)