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**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 721669 (0)

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



Principal Place of Business 7900 A1A SOUTH. UNIT A-101 ST. AUGUSTINE FL 32086-8351	Mailing Address 7900 A1A SOUTH. UNIT A-101 ST. AUGUSTINE FL 32086-8351
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3. Date Incorporated or Qualified
09/08/1971

4. FEI Number
59-1425179

Applied For	
Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**CARPENTER, RONALD A
5608 NW 43RD STREET
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARLSON, SYLVIA	
STREET ADDRESS	38 TURKEY CREEK	
CITY-ST-ZIP	ALACHUA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRATH, JOE	
STREET ADDRESS	451 NW 58TH STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WHITTINGTON, DICK	
STREET ADDRESS	5610 NW 45TH LANE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FRITTS, MILLIE	
STREET ADDRESS	1282 REDBUD LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1. D (PRESIDENT)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARLSON, SYLVIA	
1.3 STREET ADDRESS	38 TURKEY CREEK	
1.4 CITY-ST-ZIP	ALACHUA FL 32615	
2.1 TITLE	2. D (VICE PRESIDENT)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DICK WHITTINGTON	
2.3 STREET ADDRESS	5610 NW 45TH LANE	
2.4 CITY-ST-ZIP	GAINESVILLE FL 32607	
3.1 TITLE	3. D (TREASURER)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MCGRATH, MILTON	
3.3 STREET ADDRESS	451 NW 58TH ST	
3.4 CITY-ST-ZIP	GAINESVILLE FL 32607	
4.1 TITLE	4. D (SECRETARY)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FRITTS, MILLIE	
4.3 STREET ADDRESS	1282 REDBUD LANE	
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
5.1 TITLE	CAROL ANN KILLIAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	2242 TRAILS END	
5.3 STREET ADDRESS	JACKSONVILLE, FL 32211	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: Sylvia Carlson **904**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Jan. 13, 1998** **462-5031**

CR2E037 (10/97)