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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722659

1. Corporation Name

THE COQUINA CLUB OF NAPLES, INC.

Principal Place of Business

2335 TAMiami TR. NORTH
303B
NAPLES FL 34103

Mailing Address

2335 TAMiami TR. NORTH
303B
NAPLES FL 34103



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

02/10/1972

4. FEI Number

59-1458658

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

9. Name and Address of Current Registered Agent

GULF VIEW PROPERTY MANAGEMENT, INC.
2335 TAMiami TR. NORTH
~~303B~~ 504
NAPLES FL 34103

10. Name and Address of New Registered Agent

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

TITLE PD ☒ DELETE
NAME HEDGER, JOHN
STREET ADDRESS 3200 GULF SHORE BLVD. N. #306
CITY-ST-ZIP NAPLES FL

TITLE D ☒ DELETE
NAME HANDELMAN, JILLIAN
STREET ADDRESS 3200 GULF SHORE BLVD. N. #101
CITY-ST-ZIP NAPLES FL

TITLE VD ☒ DELETE
NAME TRUNCK, JIM
STREET ADDRESS 3200 GULF SHORE BLVD. N. #301
CITY-ST-ZIP NAPLES FL

TITLE S ☒ DELETE
NAME RICHARDS, RICHARD
STREET ADDRESS 3200 GULF SHORE BLVD N #202
CITY-ST-ZIP NAPLES FL

TITLE TD ☒ DELETE
NAME NUSCHKE, JOHN
STREET ADDRESS 3200 GULF SHORE BLVD. N #412
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Mr. Theodore Repsholdt
1.3 STREET ADDRESS 3200 GulfShore Blvd. N. #405
1.4 CITY-ST-ZIP Naples, Fl. 34103

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Mr. Earl McKenzie
2.3 STREET ADDRESS 3200 Gulfshore Blvd. N. # 103
2.4 CITY-ST-ZIP Naples, Fl. 34103

3.1 TITLE VP ☒ Change ☐ Addition
3.2 NAME Mr. William Veazey
3.3 STREET ADDRESS 3200 GulfShore Blvd. N. #308
3.4 CITY-ST-ZIP Naples, Fl. 34103

4.1 TITLE S ☒ Change ☐ Addition
4.2 NAME Ms. Barbara Johnson
4.3 STREET ADDRESS 3200 Gulfshore Blvd. N. #211
4.4 CITY-ST-ZIP Naples, Fl. 34103

5.1 TITLE T ☒ Change ☐ Addition
5.2 NAME Kenneth Warras
5.3 STREET ADDRESS 3200 Gulf Shore Blvd. N. #311
5.4 CITY-ST-ZIP Naples, Fl. 34103

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Theodore Repsholdt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-99 941-403-7991
Date Daytime Phone #

CR2E037 (1/98)