

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90047 006 \*\*\*\*61.25

**DOCUMENT # 722659**

1. Entity Name

THE COQUINA CLUB OF NAPLES, INC.



Principal Place of Business

2335 TAMiami TR. NORTH  
STE 505  
NAPLES FL 34103

Mailing Address

2335 TAMiami TR. NORTH  
STE 505  
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1458658

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GULF VIEW PROPERTY MANAGEMENT, INC.  
2335 TAMiami TR. NORTH  
STE 505  
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME HAUGHIE, GLEN  
STREET ADDRESS 3200 GULF SHORE BLVD N 118  
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE D  
NAME KILLORAN, THOMAS JR  
STREET ADDRESS 3200 GULF SHORE BLVD #407  
CITY-ST-ZIP NAPLES FL 34103 ☒ Delete

TITLE VPD  
NAME REPSHOLDT, THEODORE  
STREET ADDRESS 3200 GULF SHORE BLVD. N. #405  
CITY-ST-ZIP NAPLES FL 34103 ☒ Delete

TITLE SD  
NAME PAQUIN, MARTHA  
STREET ADDRESS 3200 GULF SHORE BLVD. N. #117  
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE TD  
NAME BAKER, A.R. SANDY  
STREET ADDRESS 3200 GULF SHORE BLVD #208  
CITY-ST-ZIP NAPLES FL 34103 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME Handelman, Jill  
STREET ADDRESS 3200 Gulfshore Blvd. N. # 101  
CITY-ST-ZIP Naples, Fl. 34103 ☒ Change ☐ Addition

TITLE VPD  
NAME Grind, Donald  
STREET ADDRESS 3200 Gulfshore Blvd. N. #103  
CITY-ST-ZIP Naples, Fl. 34103 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME Barber, Gordon  
STREET ADDRESS 3200 Gulfshore Blvd. N. #409  
CITY-ST-ZIP Naples, Fl. 34103 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*A. R. Baker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/04

Date

239-659  
2073  
Daytime Phone #