2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# 722659

Entity Name: THE COQUINA CLUB OF NAPLES, INC.

Current Principal Place of Business:

2335 TAMIAMI TR. NORTH
STE 505
NAPLES, FL 34103

New Principal Place of Business:

3200 GULF SHORE BLVD NORTH
NAPLES, FL 34103

Current Mailing Address:

2335 TAMIAMI TR. NORTH
STE 505
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-1458658 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GULF VIEW PROPERTY MANAGEMENT, INC.
2335 TAMIAMI TR. NORTH
STE 505
NAPLES, FL 34103 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: D ( ) Delete
Name: KIRCHOFF, WILLIAM
Address: 3200 GULFSHORE BLVD N #211
City-St-Zip: NAPLES, FL 34103

Title: VPD ( ) Delete
Name: MORRIS, JEANNINE
Address: 3200 GULF SHORE BLVD N., #306
City-St-Zip: NAPLES, FL 34103

Title: TD ( ) Delete
Name: MACCARIO, SUSAN
Address: 3200 GULFSHORE BLVD N #305
City-St-Zip: NAPLES, FL 34103

Title: SD ( ) Delete
Name: ARBITRIO, BARBARA
Address: 3200 GULFSHORE BLVD N #414
City-St-Zip: NAPLES, FL 34103

Title: PD ( ) Delete
Name: DISSELHORST, CHARLES
Address: 3200 GULFSHORE BLVD N #113
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: POREMBA, MARILYN
Address: 3200 GULFSHORE BLVD N #201
City-St-Zip: NAPLES, FL 34103

Title: SD (X) Change ( ) Addition
Name: WINNIE, CAROLE
Address: 3200 GULFSHORE BLVD N #114
City-St-Zip: NAPLES, FL 34103

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHARLES DISSELHORST PD 03/09/2009

Electronic Signature of Signing Officer or Director — Date