

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -3 PM 6:01

DOCUMENT # 745253 (5)

1. Corporation Name

COQUINA SANDS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**520 MUREX DR
P O BOX 423
NAPLES FL 33909
US**

**PO BOX 423
NAPLES FL 33909
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/14/1978

3a. Date of Last Report
04/21/1994

4. FEI Number
02-6275483

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, KATHA
520 MUREX DR
33940**

81 Name
NICHOLAS E. LONG

82 Street Address (P.O. Box Number is Not Acceptable)
1541 MANDARIN ROAD

83

84 City
Naples

FL

85 Zip Code
33940

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

NICHOLAS E. LONG, PRESIDENT

3/27/95

Signature of agent or elected member of registered agent and fee applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

TITLE **PRESIDENT**
NAME **LONG, NICHOLAS E.**
STREET ADDRESS **1541 MANDARIN RD**
CITY-ST-ZIP **NAPLES FL**

Please note change

1.1 TITLE **VICE PRESIDENT** Change Addition
1.2 NAME **MARK SZILAGYI**
1.3 STREET ADDRESS **1537 MANDARIN ROAD**
1.4 CITY-ST-ZIP **Naples FL 33940**

TITLE **Immediate Past President**
NAME **HUGAN, CHUCK**
STREET ADDRESS **507 YUCCA RD**
CITY-ST-ZIP **NAPLES FL**

2.1 TITLE **Treasurer** Change Addition
2.2 NAME **JAN SACKOW**
2.3 STREET ADDRESS **1750 Hurricane Harbor Lane**
2.4 CITY-ST-ZIP **Naples FL 33940**

TITLE **D**
NAME **KNIGHT, FAITH**
STREET ADDRESS **1200 GULFSHORE BLVD N**
CITY-ST-ZIP **NAPLES FL**

3.1 TITLE **Director** Change Addition
3.2 NAME **REX STORTER**
3.3 STREET ADDRESS **1500 Nautilus Road**
3.4 CITY-ST-ZIP **Naples FL 33940**

TITLE **S**
NAME **MILLER, KATHA**
STREET ADDRESS **520 MUREX DR**
CITY-ST-ZIP **NAPLES, FL 33940**

No longer on the Board

4.1 TITLE **Director** Change Addition
4.2 NAME **Ted Harrold**
4.3 STREET ADDRESS **1507 Murex Drive**
4.4 CITY-ST-ZIP **Naples FL 33940**

TITLE **SECRETARY**
NAME **LONG, REGINA**
STREET ADDRESS **1541 MANDARIN RD**
CITY-ST-ZIP **NAPLES FL**

Please note change

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D**
NAME **SITTA, SALLY**
STREET ADDRESS **648 ORCHD DRIVE**
CITY-ST-ZIP **NAPLES FL**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Regina M. Long, REGINA M. LONG, SECRETARY 3/27/95 (813) 261-7881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(By Form 1122a)