

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **745253** (5)
1. Corporation Name
COQUINA SANDS ASSOCIATION, INC.



Principal Place of Business: **520 MUREX DR P O BOX 423 NAPLES FL 33939 US**
Mailing Address: **PO BOX 423 NAPLES FL 33939 US**

3. Date Incorporated or Qualified: **12/14/1978**
3a. Date of Last Report: **04/03/1995**

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** **1541 MANDARIN ROAD** City & State: **23** **Naples, FL** Zip: **24** **33940** Country: **25** **USA**

4. FEI Number: **02-6275483**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **LONG, NICHOLAS E 1541 MANDARIN ROAD NAPLES FL 33940**

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]* **NICHOLAS E. LONG** DATE: **5/4/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D
NAME	LONG, NICHOLAS E.	1.2 NAME	DICK BOURNE
STREET ADDRESS	1541 MANDARIN RD	1.3 STREET ADDRESS	515 YUCCA ROAD
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL 33940
TITLE	PP	2.1 TITLE	V
NAME	HUGAN, CHUCK	2.2 NAME	ERICA SZILAGYI
STREET ADDRESS	507 YUCCA RD	2.3 STREET ADDRESS	1537 MANDARIN ROAD
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES FL 33940
TITLE	D	3.1 TITLE	T
NAME	KNIGHT, FAITH	3.2 NAME	JAN SUCKOW
STREET ADDRESS	1200 GULF SHORE BLVD N	3.3 STREET ADDRESS	1750 HURRICANE HARBOR LANE
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, FL 33940
TITLE	D	4.1 TITLE	D
NAME	HARROLD, TED	4.2 NAME	REX STORTER
STREET ADDRESS	1507 MUREX DRIVE	4.3 STREET ADDRESS	1500 NAUTILUS ROAD
CITY-ST-ZIP	NAPLES, FL 33940	4.4 CITY-ST-ZIP	Naples, FL 33940
TITLE	S	5.1 TITLE	D
NAME	LONG, REGINA	5.2 NAME	KATHIA MILLER
STREET ADDRESS	1541 MANDARIN RD	5.3 STREET ADDRESS	520 MUREX DRIVE
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	Naples, FL 33940
TITLE	D	6.1 TITLE	600001903866
NAME	SITTA, SALLY	6.2 NAME	-07/25/96--01004--042
STREET ADDRESS	646 ORCHID DRIVE	6.3 STREET ADDRESS	***61.21
CITY-ST-ZIP	NAPLES FL	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 119.07(3)(k), 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: *[Signature]* DATE: **5/1/96** (94) 261-7881

CR2E037 (12/95)