FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

745253

(5)

COQUINA SANDS ASSOCIATION, INC.

FILED						
Mar 27 1998 8:00am						
Secretary of State						

COGONA GANDO AGGOGIANION, INC.							
Principal Place of Business Mailing Address			(100)	140 (1)1 010(1 010)1 010(1 010(1 010)1 010(1 010)1			
NAPLES FL 33940 NAPLES FL		PÓ BOX 423		3. Date incorporated or Qualifie	d		
		NAPLES FL-33009 34/0	NAPLES FL-93009 34/06		•		
US		US		12/14/1978 4. FEI Number	Applied For		
<u> </u>				02-6275483	Not Applicable		
	Place of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional		
21 26		26		6. Certificate of Status Desired	Fee Required		
I Sulte, Apt. #, etc.		Suite, Apt. #, etc.			\$5.00 May Be		
22 27		City & State		Trust Fund Contribution	Added to Fees		
City & State		28		7. Is this nonprofit corporation a	nomeowners association?		
Zip Country		Zip	Country	8. This corporation owes or has			
24	25	29 34106 3	ю	Personal Property Tax due Ju	une 30. 🔼 Yes 🗌 No		
	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
	_		81 Name	FRED L. SUL	LIWAN - fres.		
, BOURN	HE, RICHARD 6 FRED	L. SULLIVAN	82 Street Add	dress (P.O. Box Number is Not Accept	table)		
	180A RD- 1608	MUREX LA.	83	1608 MUREX LA	NE		
NAPLE			83				
	MAPLE	5,FL, 34102	84 City	NAPLES	FL 85 Zip Code 34/02		
11 Purcuan	t to the provisions of Sections 617.05	02 and 617 1508 Florida Statutes	the above named as	received automite this statement for th	a purpose of changing its registered		
office or	registered agent, or both, in the State	e of Florida. Such change was au	thorized by the corpora	ation's board of directors. I hereby ac-	cept the appointment as registered		
	Man William	777	ida Statutes.		3/16/98		
SIGNATURE	Signature, typed of printed name of registered ag	pent and little if applicable. (NOTE: I	Registered Agent signature requ	ulred when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.		FICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	REX STORTER	V.P. Change Addition		
NAME	LONG, NICHOLAS E.		1.2 NAME	1500 NAUTILUS A	થ		
STREET ADDRESS			1.3 STREET ADDRESS	76	~		
CITY-ST-ZIP	NAPLES FL	☐ DELETE	1.4 CITY-ST-ZIP	NAPLES, 71	Change Addition		
TITLE	POUDAT NOV	L⊒ DELETE	2.1 TITLE		Clistife C Auditor		
NAME OZOCET ADDRESO	BOURNE, DICK 515 YUCCA RD.		2.2 NAME 2.3 STREET ADDRESS				
STREET ADDRESS	NAPLES FL		2.4 CITY-ST-ZIP		#* (**)		
CITY-ST-2IP TITLE	D	DELETE	3.1 TITLE		Change Addition		
NAME	KNIGHT, FAITH		3.2 NAME		- -		
STREET ADDRESS	JANA OLIVEALIABLE BLUG II		3.3 STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL		3.4. CITY-ST-ZIP				
TITLÉ	D	☐ DELETE	4.1 TITLE		Change Addition		
NAME	MILLER, KATHIA		4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL 33940	N	4.4 CITY-ST-ZIP				
TITLE	S	DELETE	5.1 TITLE		Change Addition		
NAME	CHIARO, MARIA		5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL	DELE TE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition		
TITLE	D EDAZIED MACMI		6.2 NAME		C Guardo C Montion		
NAME CTREET ADDRESS	FRAZIER, NAOMI 493 BANYAN BLVD.		6.3 STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP				
UIII-91-ZIF	I MAIPPA IP		U.T UIT TO I " LIF				

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.

SIGNATURE: Sich of C Barrens

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Feb 27/1998 262 5341

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