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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 745253

1. Corporation Name

COQUINA SANDS ASSOCIATION, INC.

Principal Place of Business

1541 MANDARIN RD.
 NAPLES FL 33940
 US

Mailing Address

PO BOX 423
 NAPLES FL 34106
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/14/1978

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

9. Name and Address of Current Registered Agent

~~SULLIVAN, FRED E.~~
~~1608 MUREX LANE~~
~~NAPLES FL 34102~~

10. Name and Address of New Registered Agent

81 Name **REX STORTER, Pres.**
 82 Street Address (P.O. Box Number is Not Acceptable)
1500 NAUTILUS RD
 83
 84 City **NAPLES, FL** 85 Zip Code **34102**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LONG, NICHOLAS E.	
STREET ADDRESS	1541 MANDARIN RD	
CITY-ST-ZIP	NAPLES FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BOURNE, DICK	
STREET ADDRESS	515 YUCCA RD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	D.	<input checked="" type="checkbox"/> DELETE
NAME	KNIGHT, FAITH	
STREET ADDRESS	1200 GULFSHORE BLVD N	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, KATHIA	
STREET ADDRESS	520 MUREX DR.	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STORTER, REX	
STREET ADDRESS	1500 NAUTILUS RD	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRAZIER, NAOMI	
STREET ADDRESS	493 BANYAN BLVD.	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D-VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William Cecil	
1.3 STREET ADDRESS	1698 Ixora Rd	
1.4 CITY-ST-ZIP	NAPLES, FL 34102	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DANN KILLILEA	
2.3 STREET ADDRESS	623 CORAL DR	
2.4 CITY-ST-ZIP	NAPLES, FL 34102	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *Richard C. Bourne* **RECEIVED** **C. BOURNE** 3/30/99 941-262-5341
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (11/98)