

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90026 035 ****61.25

DOCUMENT # 745253					
1. Entity Name COQUINA SANDS ASSOCIATION, INC.					
Principal Place of Business 1541 MANDARIN RD. NAPLES, FL 34102 US			Mailing Address PO BOX 423 NAPLES, FL 34106 US		
2. Principal Place of Business 1520 Nautilus Rd		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Naples, Florida		City & State		4. FEI Number 02-6275483	
Zip 34102		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUILTE, SARAH 1520 NAUTILUS RD NAPLES, FL 34102			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Sarah Guite</i>		Sarah Guite, president		3-31-04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHROCK, DENISE		NAME	Sitta, Sally	
STREET ADDRESS	644 CORAL DR.		STREET ADDRESS	646 Orchid Dr.	
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	Naples, Florida 34102	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARALDSEN, MAJA		NAME	Monica Cameron	
STREET ADDRESS	1545 MUREX DR.		STREET ADDRESS	690 Banyan Crde	
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	Naples, Florida 34102	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNZ, CONNIE		NAME		
STREET ADDRESS	525 CORAL DR		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATT-MAYBERRY, DIANE		NAME		
STREET ADDRESS	470 BANYAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORTER, REX		NAME		
STREET ADDRESS	1500 NAUTILUS RD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILTE, SARAH		NAME		
STREET ADDRESS	1520 NAUTILUS DR.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL, 34102		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Sarah Guite</i>		Sarah Guite,		3-31-04 239-435-1469	
Signature and typed or printed name of signing officer or director				Date Daytime Phone #	



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