


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90086 039 ****61.25

DOCUMENT # 745253

1. Entity Name
COQUINA SANDS ASSOCIATION, INC.



Principal Place of Business
**1520 NAUTILUS RD
 NAPLES, FL 34102 US**

Mailing Address
**PO BOX 423
 NAPLES, FL 34106 US**

2. Principal Place of Business
690 BANYAN CIRCLE

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State
NAPLES FLORIDA

City & State

Zip
34102

Country

8. Name and Address of Current Registered Agent

**GUITE, SARAH
 1520 NAUTILUS RD
 NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name
CAMERON, MONICA

Street Address (P.O. Box Number is Not Acceptable)
690 BANYAN CIRCLE

City
NAPLES

FL Zip Code
34102

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 **Monica Cameron, President Monica Cameron** **1/30/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE

Filing Fee is **\$61.25**
 Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.

\$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 NAME STREET ADDRESS CITY-ST-ZIP	DS SHROCK, DENISE 644 CORAL DR. NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. MAYER, JIM 1690 IXORA DR NAPLES, FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARALDSEN, MAJA 1545 MUREX DR. NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Huff, Susan 1435 Crayton Rd. Naples, FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SITTA, SALLY 646 ORCHID DR NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bliven, kee 595 CORAL DR. Naples, FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATT-MAYBERRY, DIANE 470 BANYAN BLVD NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATCHelder, Barrie 1680 Crayton Rd Naples, FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. CAMERON, MONICA 690 BANYAN CIRCLE NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete (Now President)?	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IBARRA, FRANK 1500 MUREX DR NAPLES, FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUITE, SARAH 1520 NAUTILUS DR. NAPLES, FL 34102 <input type="checkbox"/> Delete Change to Director	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lambrecht, Paul 500 YUCCA Road Naples FL 34102 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Monica Cameron Monica Cameron** **1/20/05 2392538200**

Signature and typed or printed name of signing officer or director Date Daytime Phone #



01162005 Chg-NP CR2E037 (10/03)

4. FEI Number
02-6275483

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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Continued

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ATTACHMENT

50010912



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Principal Place of Business 1520 NAUTILUS RD NAPLES, FL 34102 US			Mailing Address PO BOX 423 NAPLES, FL 34106 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 02-6275483				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GUILTE, SARAH 1520 NAUTILUS RD NAPLES, FL 34102			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHROCK, DENISE		NAME	MORRIS, Kathy	
STREET ADDRESS	644 CORAL DR.		STREET ADDRESS	480 Yucca Rd	
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	Naples, FL 34102	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARALDSEN, MAJA		NAME		
STREET ADDRESS	1545 MUREX DR.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SITTA, SALLY		NAME		
STREET ADDRESS	646 ORCHID 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	VP P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMERON, MONICA		NAME		
STREET ADDRESS	690 BANYAN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	P D	<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small>	
				<small>Daytime Phone #</small>	