


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90048 044 ****61.25

DOCUMENT # 745253

1. Entity Name
COQUINA SANDS ASSOCIATION, INC.



Principal Place of Business
**690 BANYAN CIRCLE
 NAPLES, FL 34102 US**

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

60055001



2. Principal Place of Business - No P.O. Box #
1690 IXORA DRIVE

3. Mailing Address
~~STATE~~ **1690 IXORA DRIVE**

Suite, Apt. #, etc.

03122007 Chg-NP CR2E037 (12/06)

City & State
NAPLES, FL

City & State
NAPLES, FL

Zip
34102

Country
USA

Zip
34102

Country

4. FEI Number
02-6275483

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CAMERON, MONICA
 690 BANYAN CIRCLE
 NAPLES, FL 34102**

7. Name and Address of New Registered Agent

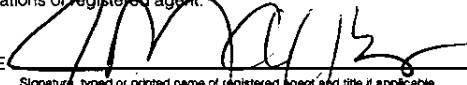
Name
JIM MAYER

Street Address (P.O. Box Number is Not Acceptable)
1690 IXORA DRIVE

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  DATE **3/12/07**

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

TITLE VP	VP MAYER, JIM	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1690 IXORA DR NAPLES, FL 34102	
TITLE NAME	D HARALDSEN, MAJA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1545 MUREX DR. NAPLES, FL 34102	
TITLE NAME	T SITTA, SALLY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	646 ORCHID DR NAPLES, FL 34102	
TITLE NAME	D HATT-MAYBERRY, DIANE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	470 BANYAN BLVD NAPLES, FL 34102	
TITLE NAME	P CAMERON, MONICA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	690 BANYAN CIRCLE NAPLES, FL 34102	
TITLE NAME	D MUNZ, CONNIE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	525 CORAL DR NAPLES, FL 34102	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P JIM MAYER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1690 IXORA DRIVE NAPLES, FL 34102	
TITLE NAME	YP ELIZABETH WENDT-KELLAR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	693 CORAL DRIVE NAPLES, FL 34102	
TITLE NAME	D MARIA SAEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1451 MUREX DRIVE NAPLES, FL 34102	
TITLE NAME	D MARTHA IBARRA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1500 MUREX DRIVE NAPLES, FL 34102	
TITLE NAME	D MONICA CAMERON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	690 BANYAN CIRCLE NAPLES, FL 34102	
TITLE NAME	S GLORIA KOVACS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	677 BANYAN BLVD NAPLES, FL 34102	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  (JIM MAYER) DATE **3/12/07** DAYTIME PHONE # **239-659-6121**