

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortheron
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J01708** (3)

1. Corporation Name
COQUINA COVE RESIDENTS, INC.



Principal Place of Business: **15010 113TH AVENUE NORTH LARGO FL 34644**
Mailing Address: **15010 113TH AVENUE NORTH LARGO FL 34644**

3. Date Incorporated or Qualified: **02/28/1986**
3a. Date of Last Report: **06/20/1995**
4. FEI Number: **59-2655539**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

**JAEGER, DORIS
15010 113TH AVE N #21
LARGO FL 34644**

10. Name and Address of New Registered Agent
81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1505, 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 607.0605, Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DANSEREAU, FRED	
STREET ADDRESS	6 MILCH RD	
CITY-STATE-ZIP	LYNNFIELD MA	
TITLE	V	<input type="checkbox"/> RELIEF
NAME	TURNBULL, BOB	
STREET ADDRESS	15010 113TH AVE N #8	
CITY-STATE-ZIP	LARGO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MANSELL, EVELYN	
STREET ADDRESS	1707 COTTON PATCH LN	
CITY-STATE-ZIP	ALPHARETTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAEGER, DORIS	
STREET ADDRESS	15010 113TH AVE N #21	
CITY-STATE-ZIP	LARGO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STRELECKI, NAN	
STREET ADDRESS	1636 E KITCHEN RD	
CITY-STATE-ZIP	PINCOMMING MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EVANS, MEL	
STREET ADDRESS	2820 PAGE AVE	
CITY-STATE-ZIP	ANN ARBOR MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ROBERT TURNBULL	
13 STREET ADDRESS	15010 113th Ave. No. #8	
14 CITY-STATE-ZIP	Largo, FL	
21 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	NAN STRELECKI	
23 STREET ADDRESS	15010 113th Ave. No. #61	
24 CITY-STATE-ZIP	Largo, FL 34644	
31 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SAME	
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	SAME	
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	MEL EVANS	
53 STREET ADDRESS	2820 Page Ave	
54 CITY-STATE-ZIP	Ann Arbor, MI: 48103	
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Edna Nelson	
63 STREET ADDRESS	15010 113th Ave. No. #53	
64 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.0713(j), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert F. Turnbull*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-96 813-595-6601
Date Filed

CR2E034 (12/95)