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Apr 24 1997 8:00am
Secretary of State



PROFIT CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33774-4376

3. Date Incorporated or Qualified: 02/28/1986
3a. Date of Last Report: 03/26/1996
4. FEI Number: 59-2655539
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21
22. Suite, Apt. #, etc.
23. City & State
24. Zip: 33774
25. Country

2a. Mailing Address
26
27. Suite, Apt. #, etc.
28. City & State
29. Zip: 33774
30. 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: FL 33774

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TURNBULL, ROBERT	
STREET ADDRESS	15010 113TH AVE NO #8	
CITY-ST-ZIP	LARGO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STRELECKI, NAN	
STREET ADDRESS	15010 113TH AVE NO #81	
CITY-ST-ZIP	LARGO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MANSELL, EVELYN	
STREET ADDRESS	1707 COTTON PATCH LN	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JAEGER, DORIS	
STREET ADDRESS	15010 113TH AVE N #21	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EVANS, MEL	
STREET ADDRESS	2820 PAGE AVE	
CITY-ST-ZIP	ANN ARBOR MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NELSON, EDNA	
STREET ADDRESS	15010 113TH AVE #53	
CITY-ST-ZIP	ANN ARBOR MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TOM HATTON	
1.3 STREET ADDRESS	15010 113TH AVE N. # 11	
1.4 CITY-ST-ZIP	LARGO FL 33774	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	15010 113TH AVE NO # 12A	
3.4 CITY-ST-ZIP	LARGO - FL	
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	15010 113TH AVE N. # 26	
5.4 CITY-ST-ZIP	LARGO - FL 33774	
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 do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nan Strelecki EDNA NELSON STRELECKI Date: 4-14-97 Daytime Phone #: 813596-8314

CR2E094 (9/96)

COQUINA COVE RESIDENTS, INC.
15010 113TH AVENUE NORTH
LARGO, FL 33774

DOCUMENT # J01708

ADDITIONAL DIRECTOR:

D
JACK TEER
15010 113TH AVENUE NORTH
#50
LARGO, FL 33774