

**MP FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 14 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address  
**15010 113TH AVENUE NORTH** **15010 113TH AVENUE NORTH**  
**LARGO FL 33774** **LARGO FL 33774**  
**US** **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	02/28/1986	
22. City & State		27. City & State		4. FEI Number	
23. Zip		28. Zip		59-2655539	
24. Country		29. Country		Applied For	
25		30		Not Applicable	
5. Certificate of Status Desired				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution				9. Additional Fee Required	
<input type="checkbox"/>				\$8.75 Additional Fee Required	
7. Election Campaign Financing Trust Fund Contribution				\$5.00 May Be Added to Fees	
<input type="checkbox"/>					

9. Name and Address of Current Registered Agent

~~JAEGER, DORIS~~  
~~15010 113TH AVENUE NORTH~~  
~~LARGO FL 33774~~

10. Name and Address of New Registered Agent

81 Name **Edna M Nelson**

82 Street Address (P.O. Box Number is Not Acceptable)  
**15010 113th Ave #53**

83 **Largo Fl 33774**

84 City **FL** 85 Zip Code

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 Edna M Nelson  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HATTON, TOM	
STREET ADDRESS	1510 113TH AVE N. 11	
CITY-ST-ZIP	LARGO FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STRELECKI, NAN	
STREET ADDRESS	15010 113TH AVE NO #61	
CITY-ST-ZIP	LARGO FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MANSELL, EVELYN	
STREET ADDRESS	15010 113TH AVE NO 12A	
CITY-ST-ZIP	LARGO FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	JAEGER, DORIS	
STREET ADDRESS	15010 113TH AVE N #21	
CITY-ST-ZIP	LARGO FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, MEL	
STREET ADDRESS	15010 113TH AVE N. 26	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input checked="" 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	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Albert Stamer	
2.3 STREET ADDRESS	15010 113th Ave No	
2.4 CITY-ST-ZIP	Largo Fl 33774	
3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Viola Hughes	
3.3 STREET ADDRESS	15010 113th Ave No #14	
3.4 CITY-ST-ZIP	LARGO FL 33774	
4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Edna M Nelson	
4.3 STREET ADDRESS	15010 113th Ave N #53	
4.4 CITY-ST-ZIP	Largo Fl 33774	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mel Evans	
5.3 STREET ADDRESS	6655 Jackson Rd	
5.4 CITY-ST-ZIP	Ann Arbor, Mich 48103	
6.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Arthur Hibberd	
6.3 STREET ADDRESS	P O Box 405 Washago	
6.4 CITY-ST-ZIP	Ont Canada LOK 2B0	

14. 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 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: Edna M Nelson *EL* *mm* *3/14/98* *596 5163* *596 5163*

CR2E034 (10/97)