

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/28/1986
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2655539
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	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

9. Name and Address of Current Registered Agent

~~JAEGER, DORIS
 15010 113TH AVENUE N #21
 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME HATTON, TOM	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1510 113TH AVE N. 11	CITY-ST-ZIP LARGO FL	1.2 NAME	SAME
TITLE	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	
NAME P	STRELECKI, NAN	1.4 CITY-ST-ZIP	
STREET ADDRESS 15010 113TH AVE NO #61	CITY-ST-ZIP LARGO FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input checked="" type="checkbox"/> DELETE	2.2 NAME 2	P
NAME S	MANSELL, EVELYN	2.3 STREET ADDRESS 2	Albert Stamper
STREET ADDRESS 15010 113TH AVE NO 12A	CITY-ST-ZIP LARGO FL	2.4 CITY-ST-ZIP	15010 113th Ave No
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S	Largo Fl 33774
NAME T	JAEGER, DORIS	3.2 NAME 3	Viola Hughes
STREET ADDRESS 15010 113TH AVE N #21	CITY-ST-ZIP LARGO FL	3.3 STREET ADDRESS	15010 113th Ave No #14
TITLE	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	LARGO FL 33774
NAME VP	EVANS, MEL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 15010 113TH AVE N. 26	CITY-ST-ZIP LARGO FL	4.2 NAME 6	T
TITLE	<input checked="" type="checkbox"/> DELETE	4.3 STREET ADDRESS	Edna M Nelson
NAME D	NELSON, EDNA	4.4 CITY-ST-ZIP	15010 113th Ave N #53
STREET ADDRESS 15010 113TH AVE #53	CITY-ST-ZIP ANN ARBOR MI	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input checked="" type="checkbox"/> DELETE	5.2 NAME 5	D
NAME V	ARTHUR HIBBERD	5.3 STREET ADDRESS	Mel Evans
STREET ADDRESS ANN ARBOR MI	CITY-ST-ZIP ANN ARBOR MI	5.4 CITY-ST-ZIP	6655 Jackson Rd
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	Ann Arbor, Mich 48103
NAME V	ARTHUR HIBBERD	6.2 NAME 4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ANN ARBOR MI	CITY-ST-ZIP ANN ARBOR MI	6.3 STREET ADDRESS	V Arthur Hibberd
TITLE	<input checked="" type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	P O Box 405 Washago
NAME D	NELSON, EDNA		Ont Canada LOK 2B0
STREET ADDRESS 15010 113TH AVE #53	CITY-ST-ZIP ANN ARBOR MI		

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 **596 5163**

CR2E034 (10/97)