

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

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90032 015 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # J01708

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

3. Date Incorporated or Qualified  
**02/28/1986**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip Country	28	Zip Country
24	25	29	30

4. FEI Number <b>59-2655539</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/>	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**NELSON, EDNA**  
 15010 113TH AVE #53  
 LARGO FL 33774

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 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 DATE 4/20/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HATTON, TOM</b>	1.2 NAME	
STREET ADDRESS	<b>1510 113TH AVE N. 11</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STAMPER, ALBERT</b>	2.2 NAME	
STREET ADDRESS	<b>15010 113TH AVE NO</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL 33774</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUGHES, VIOLA</b>	3.2 NAME	<b>ELIZABETH WILLIAMS</b>
STREET ADDRESS	<b>15010 113TH AVE NO #14</b>	3.3 STREET ADDRESS	<b>15010 113TH AVE NO # 6</b>
CITY-ST-ZIP	<b>LARGO FL 33774</b>	3.4 CITY-ST-ZIP	<b>LARGO FL 33774</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NELSON, EDNA M</b>	4.2 NAME	
STREET ADDRESS	<b>15010 113TH AVE N #53</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL 33774</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVANS, MEL</b>	5.2 NAME	
STREET ADDRESS	<b>6655 JACKSON RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ANN ARBOR MI 48103</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIBBERD, ARTHUR</b>	6.2 NAME	
STREET ADDRESS	<b>P.O. BOX 405</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHAGO ONT CANANDA LOK 2B0 MI</b>	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Elizabeth Williams 4-20-99 727 596 5163  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)