

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

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**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	4. FEI Number	Applied For
21	26	59-2655539	Not Applicable
Suite, Apt., #, etc.	Suite, Apt., #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NELSON, EDNA 15010 113TH AVE #53 LARGO FL 33774		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

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