

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90028 001 ***150.00

DOCUMENT # J01708

1. Entity Name

COQUINA COVE RESIDENTS, INC.

Principal Place of Business

Mailing Address

15010 113TH AVENUE NORTH
 LARGO FL 33774
 US

15010 113TH AVENUE NORTH
 LARGO FL 33774-4376
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2655539**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Edna M Nelson**

Edna M Nelson

3/10/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HATTON, TOM	
STREET ADDRESS	1510 113TH AVE N. 11	
CITY-ST-ZIP	LARGO FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	STAMPER, ALBERT	
STREET ADDRESS	15010 113TH AVE NO	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	X	<input type="checkbox"/> Delete
NAME	WILLIAMS, ELIZABETH	
STREET ADDRESS	15010 113TH AVE NO #6	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	T	<input type="checkbox"/> Delete
NAME	NELSON, EDNA M	
STREET ADDRESS	15010 113TH AVE N #53	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	S	<input type="checkbox"/> Delete
NAME	EVANS, MEL	
STREET ADDRESS	6655 JACKSON RD	
CITY-ST-ZIP	ANN ARBOR MI 48103	
TITLE	V	<input type="checkbox"/> Delete
NAME	HIBBERD, ARTHUR	
STREET ADDRESS	P.O. BOX 405	
CITY-ST-ZIP	WASHAGO ONT CANANDA LOK 280 MI	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schroeder, Dean	
STREET ADDRESS	15010 113th Ave N #2	
CITY-ST-ZIP	Largo, Fl 33774	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edna M Nelson

Edna M Nelson Treas 3/10 727 596 5163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)