

2001 UNIFORM BUSINESS REPORT (UBR)

3.

FILED
Apr 10, 2001 8:00 am
Secretary of State

03-26-2001 90147 004 ***150.00

DOCUMENT # J01708

1. Entity 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
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30444



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 59-2655539	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
~~NELSON, EDNA~~
 15010 113TH AVE #53
 LARGO FL 33774

7. Name and Address of New Registered Agent
 Name: Jonathan James Damonte
 Street Address (P.O. Box Number is Not Acceptable): 12110 Seminole Blvd
Seminole
 City: Largo Fl FL Zip Code: 33778

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. *April 4, 2001*

SIGNATURE: Edna M Nelson Edna M Nelson 3/14/01
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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hatton, Tom	
STREET ADDRESS	15010 113th Ave N #11	
CITY-ST-ZIP	Largo, FL 33774	

TITLE	P	<input type="checkbox"/> Delete
NAME	STAMPER, ALBERT	
STREET ADDRESS	15010 113TH AVE NO	
CITY-ST-ZIP	LARGO FL 33774	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hibberd, Arthur	
STREET ADDRESS	15010 113th Ave N #13	
CITY-ST-ZIP	Largo, FL 33774	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, ELIZABETH	
STREET ADDRESS	15010 113TH AVE NO #6	
CITY-ST-ZIP	LARGO FL 33774	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kannisto, Jack	
STREET ADDRESS	15010 113th Ave No #20	
CITY-ST-ZIP	Largo	

TITLE	T	<input type="checkbox"/> Delete
NAME	NELSON, EDNA M	
STREET ADDRESS	15010 113TH AVE N #53	
CITY-ST-ZIP	LARGO FL 33774	

TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nelson, Edna M	
STREET ADDRESS	15010 113th Ave N #53	
CITY-ST-ZIP	Largo Fl 33774	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EVANS, MEL	
STREET ADDRESS	6655 JACKSON RD	
CITY-ST-ZIP	ANN ARBOR MI 48103	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robbins, Betty E	
STREET ADDRESS	15010 113th Ave No #12	
CITY-ST-ZIP	Largo Fl 33774	

TITLE	V	<input type="checkbox"/> Delete
NAME	HIBBERD, ARTHUR	
STREET ADDRESS	P.O. BOX 405	
CITY-ST-ZIP	WASHAGO ONT CANANDA LOK 2B0 MI	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Strelecki, Nan	
STREET ADDRESS	15010 113th Ave N #61	
CITY-ST-ZIP	Largo Fl 33774	

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 3/14/01 596 5163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)