

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90756 043 \*\*\*158.75

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**DOCUMENT # J01708**  
 1. Entity Name  
**COQUINA COVE RESIDENTS, INC.**

Principal Place of Business <b>15010 113TH AVENUE NORTH LARGO FL 33774 US</b>	Mailing Address <b>15010 113TH AVENUE NORTH LARGO FL 33774 US</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-2655539</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**DAMONTE, JONATHAN J**  
**12110 SEMINOLE BLVD**  
**LARGO FL 33778**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 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 \_\_\_\_\_ (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, 2002 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	
TITLE NAME D HATTON, TOM 15010 113TH AVE N #11 LARGO FL 33774	<input type="checkbox"/> Delete
TITLE NAME P STAMPER, ALBERT 15010 113TH AVE NO LARGO FL 33774	<input type="checkbox"/> Delete
TITLE NAME D HIBBERD, ARTHUR 15010 113TH AVE N #13 LARGO FL 33774	<input checked="" type="checkbox"/> Delete
TITLE NAME T NELSON, EDNA M 15010 113TH AVE N #53 LARGO FL 33774	<input checked="" type="checkbox"/> Delete
TITLE NAME VP KANNISTO, JACK 15010 113TH AVE N #20 LARGO FL 33774	<input type="checkbox"/> Delete
TITLE NAME S ROBBINS, BETTY E 15010 113TH AVE N #12 LARGO FL 33774	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME D MILDRED JOHNSON 15010 113TH AVEN. #57 LARGO, FL 33774	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME T KIMBERLY BANKER TREASURER 15010 113TH AVEN. #18 LARGO, FL 33774	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME S DEBORAH ERHARDT SECRETARY 15010 113TH AVEN. #3 LARGO, FL 33774	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Kimberly Banker, Treasurer 4/01/02 727-596-5162  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)