

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-10-2002 90756 043 ***158.75

0464007 AV

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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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 59-2655539	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 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	<input type="checkbox"/> Delete
STREET ADDRESS 15010 113TH AVE N #11	
CITY-ST-ZIP LARGO FL 33774	
TITLE NAME P STAMPER, ALBERT	<input type="checkbox"/> Delete
STREET ADDRESS 15010 113TH AVE NO	
CITY-ST-ZIP LARGO FL 33774	
TITLE NAME D HIBBERD, ARTHUR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 15010 113TH AVE N #13	
CITY-ST-ZIP LARGO FL 33774	
TITLE NAME T NELSON, EDNA M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 15010 113TH AVE N #53	
CITY-ST-ZIP LARGO FL 33774	
TITLE NAME VP KANNISTO, JACK	<input type="checkbox"/> Delete
STREET ADDRESS 15010 113TH AVE N #20	
CITY-ST-ZIP LARGO FL 33774	
TITLE NAME S ROBBINS, BETTY E	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 15010 113TH AVE N #12	
CITY-ST-ZIP LARGO FL 33774	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME D HATTON, TOM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 15010 113TH AVE N #11	
CITY-ST-ZIP LARGO FL 33774	
TITLE NAME P STAMPER, ALBERT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 15010 113TH AVE NO	
CITY-ST-ZIP LARGO FL 33774	
TITLE NAME D HIBBERD, ARTHUR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 15010 113TH AVE N #13	
CITY-ST-ZIP LARGO FL 33774	
TITLE NAME T NELSON, EDNA M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 15010 113TH AVE N #53	
CITY-ST-ZIP LARGO FL 33774	
TITLE NAME VP KANNISTO, JACK	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 15010 113TH AVE N #20	
CITY-ST-ZIP LARGO FL 33774	
TITLE NAME S ROBBINS, BETTY E	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 15010 113TH AVE N #12	
CITY-ST-ZIP LARGO FL 33774	
TITLE NAME D DIRECTOR MILDRED JOHNSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 15010 113TH AVEN. #57	
CITY-ST-ZIP LARGO, FL 33774	
TITLE NAME T KIMBERLY BANKER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS TREASURER 15010 113TH AVEN. #18	
CITY-ST-ZIP LARGO, FL 33774	
TITLE NAME S DEBORAH ERHARDT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS SECRETARY 15010 113TH AVEN. #3	
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: 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)