


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90073 046 \*\*\*150.00

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



Principal Place of Business      Mailing Address  
**15010 113TH AVENUE NORTH**      **15010 113TH AVENUE NORTH**  
**LARGO, FL 33774 US**                      **LARGO, FL 33774 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

40038040



02102007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**59-2655539**      Not Applicable

5. Certificate of Status Desired       \$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	PRICE, LOIS	
STREET ADDRESS	15010-113TH AVE N LOT 9	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GAMBLE, MARGE	
STREET ADDRESS	15010 113TH AVE N, LOT 8	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	P	<input type="checkbox"/> Delete
NAME	TEER, JACK	
STREET ADDRESS	15010-113TH AVE N LOT 50	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BANKER, KIMBERLY	
STREET ADDRESS	15010 113TH AVE N #1B	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDBERG, FRAN	
STREET ADDRESS	14280 113TH AVE, N	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	S	<input type="checkbox"/> Delete
NAME	ERHARDT, DEBORAH	
STREET ADDRESS	15010 113TH AVE N #3	
CITY-ST-ZIP	LARGO, FL 33774	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARON MILLER	
STREET ADDRESS	15010 113TH AVE. N. LOT 21	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	T	<input checked="" 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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frances Goldberg*      **FRANCES GOLDBERG**      **3-15-07**      **727-596-5163**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #