

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01272

1. Entity Name

COQUINA LAKES CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90005 044 ****61.25

Principal Place of Business

700 W. POPE RD.
SUITE C18
ST. AUGUSTINE FL 32084
US

Mailing Address

700 W. POPE RD.
SUITE C-18
ST. AUGUSTINE FL 32084-9186
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 **59-2358557**

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

GARDNER, PAUL
650 W POPE RD
267
ST.AUGUSTINE FL 32084

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME GRAY, RICHARD
STREET ADDRESS 650 W POPE RD B10
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME HAWKINS, MICHELLE
STREET ADDRESS 700 W POPE RD, M99
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DUPONT, PETER
STREET ADDRESS 700 W. POPE RD. E40
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME GARDNER, PAUL W
STREET ADDRESS 1400 SAN PABOEL CT
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/00 904-471-6281

CR2E037 (9/99)