2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jul 12, 2004 8:00 am
Secretary of State
07-12-2004 90019 001 ****61.25

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1. Entity Name
COQUINA LAKES CONDIMINUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
700 W. POPE RD. SUITE C18 ST AUGUSTINE, FL 32080 US	700 W. POPE RD. SUITE C18 ST AUGUSTINE, FL 32080 US

07062004 No Chg-NP CR2E037 (10/03)

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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

GARDNER, PAUL
650 W POPE RD
267
ST. AUGUSTINE, FL 32080

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRICKE, CHRISTINE D
STREET ADDRESS	~~242 CYPRESS RD~~ 2950 Lewis Speedway
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	D Green Grn
NAME	~~DUPONT, PETER~~
STREET ADDRESS	700 W. POPE RD. E40 K86
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
TITLE	D
NAME	GARDNER, PAUL W
STREET ADDRESS	~~1400 SAN RAFAEL CT~~ 126 Spoonbill Pt Ct.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Paul Gardner, Paul Gardner 7/9/04 904-471-6281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Agent