

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N01272	
1. Entity Name COQUINA LAKES CONDIMINUM ASSOCIATION, INC.	

Principal Place of Business 700 W. POPE RD. SUITE C18 ST AUGUSTINE FL 32080 US	Mailing Address 700 W. POPE RD. SUITE C18 ST AUGUSTINE FL 32080 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2358557	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent GARDNER, PAUL 650 W POPE RD 267 ST. AUGUSTINE FL 32080
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FRICKE, CHRISTINE D 2850 LEWIS SPEEDWAY SAINT AUGUSTINE FL 32084 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREEN, GAIL 700 W. POPE ROAD K86 ST. AUGUSTINE FL 32080 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARDNER, PAUL W 126 SPOONBILL PT CT ST. AUGUSTINE FL 32080 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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04/02/05-80054-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 W. Gardner, Sec. 4/1/05 204-401-6281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR