

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 AM
Secretary of State

CCCA

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**



01292008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BUTLER, ROBERTA
700 WEST POPE ROAD, L94
SAINT AUGUSTINE, FL 32080**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GREEN, GAIL
700 W. POPE ROAD K86
ST. AUGUSTINE, FL 32080**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GARDNER, PAUL W
126 SPOONBILL PT CT
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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IN THIS SPACE**

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 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
(Agent)

Date

Daytime Phone