


FILED
Apr 30, 2008 8:00 am
Secretary of State

04-09-2008 90039 025 ***138.75

**2008 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N07000008355 1. Entity Name COQUINA SANDS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 507 72ND STREET HOLMES BEACH, FL 34217	Mailing Address 507 72ND STREET HOLMES BEACH, FL 34217
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66008818



2. Principal Place of Business - No P.O. Box # 200-202 39th STREET <small>Suite, Apt. #, etc.</small>	3. Mailing Address 3007 AVENUE F <small>Suite, Apt. #, etc.</small>
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04062008 Chg-NP CR2E037 (12/06)

City & State Holmes Beach FL	City & State Holmes Beach FL
Zip 34217	Zip 34217
Country MAITEE	Country MAITEE

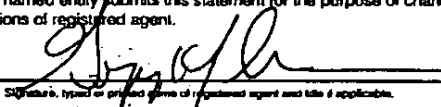
4. FEI Number 26-0799023	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCCALED, MICHAEL P 507 72ND STREET HOLMES BEACH, FL 34217

7. Name and Address of New Registered Agent Name ROBERT HENDRICKSON Street Address (P.O. Box Number is Not Acceptable) 7051 MANATEE AVE W City BRADENTON FL Zip Code 34209
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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 **4/7/08**

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

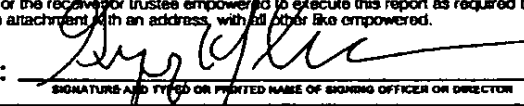
**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MCCALED, MICHAEL P <input type="checkbox"/> Delete 507 72ND STREET HOLMES BEACH, FL 34217	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D JOHNSON, GREGORY K 507 72ND STREET HOLMES BEACH, FL 34217	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **4/7/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR