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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:05

DOCUMENT # **N21456** (1)

1. Corporation Name

PROPERTY OWNERS ASSOCIATION OF COQUINA POINT, IN C.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
P. O. BOX 609 MALABAR FL 32950 P. O. BOX 609 MALABAR FL 32950

3. Date Incorporated or Qualified 06/30/1987 3a. Date of Last Report 05/01/1994

4. FEI Number 59-2845564 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

24 25 29 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHALMERS, STEPHEN E  
2440 ROCKY PT RD.  
PALM BAY FL 32905

81 Name ROSALIE J GENTRY  
82 Street Address (P.O. Box Number is Not Acceptable) 3499 COQUINA TERRACE  
83 MALABAR  
84 City FL 85 Zip Code 32950

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ROSALIE J GENTRY Rosalie J Gentry 2-1-95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME CHALMERS, STEPHEN E  
STREET ADDRESS 2440 ROCKY POINT RD.  
CITY-ST-ZIP PALM BAY FL

1.1 TITLE PD  Change  Addition  
1.2 NAME SMITH, KEVIN  
1.3 STREET ADDRESS 3465 COQUINA TERRACE  
1.4 CITY-ST-ZIP MALABAR FL 32950

TITLE VD  
NAME HOLMES, THOMAS G  
STREET ADDRESS 2460 ROCKY PT. RD.  
CITY-ST-ZIP PALM BAY FL

2.1 TITLE VD  Change  Addition  
2.2 NAME DOLCI, TERI  
2.3 STREET ADDRESS 2350 ROCKY PT RD  
2.4 CITY-ST-ZIP MALABAR FL 32950

TITLE SD  
NAME BOUCHER, RENE  
STREET ADDRESS 3450 COQUINA TERR.  
CITY-ST-ZIP PALM BAY FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD  
NAME SCOZZARO, THERESA K  
STREET ADDRESS 3475 COQUINA TERR.  
CITY-ST-ZIP PALM BAY FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME HOLMES, THOMAS  
STREET ADDRESS 2460 ROCKY PT. RD.  
CITY-ST-ZIP PALM BAY FL

5.1 TITLE DELETE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE T  
NAME GENTRY, ROSALIE J  
STREET ADDRESS 3499 COQUINA  
CITY-ST-ZIP PALM BAY FL

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ROSALIE J GENTRY Rosalie J Gentry 2-1-95 (407) 225-4552  
Signature and typed or printed name of signing officer or director Date Telephone #