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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N21456 (1)

1. Corporation Name

PROPERTY OWNERS ASSOCIATION OF COQUINA POINT, IN C.



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
03/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2845564

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

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

GENTRY, ROSALE J
3499 COQUINA TERRACE
MALABAR FL 32950

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE PD
NAME SMITH, KEVIN
STREET ADDRESS 3465 COQUINA TE
CITY - ST - ZIP MALABAR FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VD
NAME DOLCI, TERI
STREET ADDRESS 2350 ROCKY PT RD
CITY - ST - ZIP MALABAR FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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

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

MALABAR FL 32950

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

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

MALABAR FL 32950

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

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

MALABAR FL 32950

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

14. I do 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 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:

Rosale J Gentry

2-2-97

CR2E037 (9/96)