


FILE NOW: FILING FEE IS \$61.25

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**Apr 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21456 (1)
1. Corporation Name
PROPERTY OWNERS ASSOCIATION OF COQUINA POINT, IN C.

Principal Place of Business P. O. BOX 609 MALABAR FL 32950	Mailing Address P. O. BOX 609 MALABAR FL 32950
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3. Date Incorporated or Qualified 06/30/1987	
4. FEI Number 59-2845564	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**GENTRY, ROSALE J
3499 COQUINA TERRACE
MALABAR FL 32950**

10. Name and Address of New Registered Agent

81 Name E. M. CALLAGY		
82 Street Address (P.O. Box Number is Not Acceptable) 3485 COQUINA TR.		
83		
84 City MALABAR	85 State FL	86 Zip Code 32950

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 **E. M. CALLAGY PRES** *E. M. Callagy* **4/25/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME SMITH, KEVIN	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
STREET ADDRESS 3465 COQUINA TE	CITY - ST - ZIP MALABAR FL		1.2 NAME CHARLES ROWLAND
			1.3 STREET ADDRESS 881 Riviera Rd NE
			1.4 CITY - ST - ZIP PALM BAY, FL. 32905
TITLE VD	NAME DOLCI, TERI	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
STREET ADDRESS 2350 ROCKY PT RD	CITY - ST - ZIP MALABAR FL		2.2 NAME TINA ROWLAND
			2.3 STREET ADDRESS 881 Riviera Rd N.E
			2.4 CITY - ST - ZIP Palm Bay, FL. 32905
TITLE SD	NAME BOUCHER, RENE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
STREET ADDRESS 3450 COQUINA TERR.	CITY - ST - ZIP MALABAR FL		3.2 NAME Richard Hongate
			3.3 STREET ADDRESS 3440 Coquina Terrace
			3.4 CITY - ST - ZIP Malabar, FL. 32950
TITLE TD	NAME SCOZZARO, THERESA K	<input type="checkbox"/> DELETE	4.1 TITLE
STREET ADDRESS 3475 COQUINA TERR.	CITY - ST - ZIP MALABAR FL		4.2 NAME
			4.3 STREET ADDRESS
			4.4 CITY - ST - ZIP
TITLE T	NAME GENTRY, ROSALIE J	<input type="checkbox"/> DELETE	5.1 TITLE
STREET ADDRESS 3499 COQUINA	CITY - ST - ZIP MALABAR FL		5.2 NAME
			5.3 STREET ADDRESS
			5.4 CITY - ST - ZIP
TITLE	NAME	<input type="checkbox"/> DELETE	6.1 TITLE
STREET ADDRESS			6.2 NAME
CITY - ST - ZIP			6.3 STREET ADDRESS
			6.4 CITY - ST - ZIP

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14. I 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: *E. M. Callagy* **E. M. CALLAGY** **3-25-98** **407-725-3459**

CR2E037 (10/97)