


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"/> Yes <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* DATE **4/25/98**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	SMITH, KEVIN	<input checked="" type="checkbox"/> DELETE	
NAME			
STREET ADDRESS	3465 COQUINA TE		
CITY - ST - ZIP	MALABAR FL		
TITLE VD	DOLCI, TERI	<input checked="" type="checkbox"/> DELETE	
NAME			
STREET ADDRESS	2350 ROCKY PT RD		
CITY - ST - ZIP	MALABAR FL		
TITLE SD	BOUCHER, RENE	<input checked="" type="checkbox"/> DELETE	
NAME			
STREET ADDRESS	3450 COQUINA TERR.		
CITY - ST - ZIP	MALABAR FL		
TITLE TD	SCOZZARO, THERESA K	<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS	3475 COQUINA TERR.		
CITY - ST - ZIP	MALABAR FL		
TITLE T	GENTRY, ROSALIE J	<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS	3499 COQUINA		
CITY - ST - ZIP	MALABAR FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHARLES ROWLAND
1.3 STREET ADDRESS	881 Riviera Rd NE
1.4 CITY - ST - ZIP	PALM BAY, FL. 32905
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TINA ROWLAND
2.3 STREET ADDRESS	881 Riviera Rd N.E
2.4 CITY - ST - ZIP	Palm Bay, FL. 32905
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Richard Hongate
3.3 STREET ADDRESS	3440 Coquina Terrace
3.4 CITY - ST - ZIP	Malabar, FL. 32950
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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* DATE: **3-25-98** 407-725-3459

CR2E037 (10/97)