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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21456

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/30/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2845564
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

9. Name and Address of Current Registered Agent

CALLAGY, EM
3485 COQUINA TERR
MALABAR FL 32950

10. Name and Address of New Registered Agent

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]* DATE 3/21/99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLAND, CHARLES	1.2 NAME	
STREET ADDRESS	881 RIVIERA RD NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLAND, TINA	2.2 NAME	
STREET ADDRESS	881 RIVIERA RD NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONGATE, RICHARD	3.2 NAME	
STREET ADDRESS	3440 COQUINA TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MALABAR FL 32950	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOZZARO, THERESA K	4.2 NAME	
STREET ADDRESS	3475 COQUINA TERR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MALABAR FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTRY, ROASLIE J	5.2 NAME	
STREET ADDRESS	3499 COQUINA	5.3 STREET ADDRESS	
CITY-ST-ZIP	MALABAR FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE *[Signature]* SIGNATURE *[Signature]* DATE 3/21/99 DAYTIME PHONE # 407-725 3459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)