

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N21456

Entity Name: PROPERTY OWNERS ASSOCIATION OF COQUINA POINT, INC.

Current Principal Place of Business:

P. O.BOX 609
MALABAR, FL 32950

New Principal Place of Business:

Current Mailing Address:

P. O.BOX 609
MALABAR, FL 32950

New Mailing Address:

FEI Number: 59-2845564 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

POWNALL, THOMAS
3455 COQUINA TERRACE
MALABAR, FL 32950 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POWNALL, THOMAS
Address: 3455 COQUINA TERR
City-St-Zip: MALABAR, FL 32950

Title: VD () Delete
Name: NELMS, JOSEPH
Address: 3445 COQUINA TER
City-St-Zip: MALABAR, FL 32950

Title: MA () Delete
Name: MURRAY, JIM
Address: 3485 COQUINA TERRACE
City-St-Zip: MALABAR, FL 32950

Title: SD () Delete
Name: CIARCIA, DANIEL
Address: 3440COQUINA TERRACE
City-St-Zip: MALABAR, FL 32950

Title: MA () Delete
Name: KONTRAS, PAM
Address: 2390 ROCKY POINT RD
City-St-Zip: MALABAR, FL 32950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS POWNALL

PD

03/25/2009

Electronic Signature of Signing Officer or Director

Date