

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N21456

FILED
Apr 30, 2003
Secretary of State

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:

ROWLAND, MARTINA
3445 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: ROWLAND, CHARLES
Address: 881 RIVIERA RD NE
City-St-Zip: PALM BAY, FL 32905

Title: VD () Delete
Name: ROWLAND, TINA
Address: 881 RIVIERA RD NE
City-St-Zip: PALM BAY, FL 32905

Title: SD () Delete
Name: ROWLAND, MARTINA
Address: 3445 COQUINA TERRACE
City-St-Zip: MALABAR, FL 32950

Title: TD () Delete
Name: ROWLAND, MARTINA
Address: 3445 COQUINA TERRACE
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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARTINA ROWLAND

_____ Electronic Signature of Signing Officer or Director

T

04/30/2003

_____ Date