

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 709720 (7)**  
1. Corporation Name  
**COQUINA KEY PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**3870 POMPANO DRIVE S E  
ST PETERSBURG FL 33705**

Mailing Address  
**3870 POMPANO DRIVE S E  
ST PETERSBURG FL 33705**

3. Date Incorporated or Qualified <b>10/05/1965</b>	3a. Date of Last Report <b>03/20/1995</b>
4. FEI Number <b>59-6046611</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

## 9. Name and Address of Current Registered Agent

**WATSON, ALAN D  
3901 BEACH DR S E  
ST PETE FL 33705**

## 10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GEE, JAMES</b>	
STREET ADDRESS	<b>4649 NEPTUNE DR SE</b>	
CITY - ST - ZIP	<b>ST PETE, FL 00000</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SCHMIDT, WILLIAM J.</b>	
STREET ADDRESS	<b>3939 PORPOISE DR. S.E.</b>	
CITY - ST - ZIP	<b>ST PETE, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>IRWIN, BETTY</b>	
STREET ADDRESS	<b>3980 COQUINA KEY DR SE</b>	
CITY - ST - ZIP	<b>ST PETE, FL 00000</b>	
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NENDZA, WALTER</b>	
STREET ADDRESS	<b>3981 COQUINA KEY DR SE</b>	
CITY - ST - ZIP	<b>ST PETE, FL 00000</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LYNDON, STEPHEN</b>	
STREET ADDRESS	<b>3401 MANATEE DR. S.E.</b>	
CITY - ST - ZIP	<b>ST PETE, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MANKO, JOE</b>	
STREET ADDRESS	<b>3648 SEA ROBIN DR S E</b>	
CITY - ST - ZIP	<b>ST PETE, FL 00000</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DEENA WAGNER</b>	
2.3 STREET ADDRESS	<b>3750 COQUINA KEY DR SE</b>	
2.4 CITY - ST - ZIP	<b>ST PETE, FL 33705</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	<b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>KATHY A. DAVIS</b>	
4.3 STREET ADDRESS	<b>3521 MANATEE DR SE</b>	
4.4 CITY - ST - ZIP	<b>ST PETE, FL 33705</b>	
5.1 TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>JOHN STRICKLAND</b>	
5.3 STREET ADDRESS	<b>3548 BEACH DR SE</b>	
5.4 CITY - ST - ZIP	<b>ST. PETE FL 33705</b>	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kathy A. Davis*

**4/27/96 813-823-4997**

Date

Daytime Phone #

CR2E037 (12/95)