


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33705-4026
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3. Date Incorporated or Qualified 10/05/1965	3a. Date of Last Report 05/01/1996
4. FEI Number 59-6046611	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEE, JAMES	1.2 NAME	MURRAY FOURNIE
STREET ADDRESS	4649 NEPTUNE DR SE	1.3 STREET ADDRESS	3680 COQUINA KEY DR SE
CITY-ST-ZIP	ST PETE, FL 00000	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33705
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNA WAGNER	2.2 NAME	CAROL TALBOT
STREET ADDRESS	3750 COQUINA KEY DR SE	2.3 STREET ADDRESS	3270 COQUINA KEY DR SE
CITY-ST-ZIP	ST PETE, FL 00000	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33705
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRWIN, BETTY	3.2 NAME	
STREET ADDRESS	3980 COQUINA KEY DR SE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHY A. DAVIS	4.2 NAME	BARBARA J BORISLAWSKI
STREET ADDRESS	3521 MANATEE DR ST	4.3 STREET ADDRESS	4201 POMPANO DR SE
CITY-ST-ZIP	ST PETE, FL 00000	4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33705
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN STRICTLAND	5.2 NAME	
STREET ADDRESS	3548 BEACH DR SE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANKO, JOE	6.2 NAME	
STREET ADDRESS	3648 SEA ROBIN DR S E	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE, FL 00000	6.4 CITY-ST-ZIP	

14. I do 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: *[Signature]* **REKUNIE** **RESIDENT 4/22/97 813-253-0541**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0050138

CR2E037 (9/96)