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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **721669** (0)

1. Corporation Name

**T. C. MANAGEMENT - THE COQUINA, INC.**

Principal Place of Business

Mailing Address

7900 A1A SOUTH, UNIT A-101  
ST. AUGUSTINE FL 32086-8351

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ST. AUGUSTINE FL 32086-8351



3. Date Incorporated or Qualified

**09/08/1971**

4. FEI Number

**59-1425179**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ 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 Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARPENTER, RONALD A**  
**5608 NW 43RD STREET**  
**GAINESVILLE FL 32606**

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 ☐ DELETE  
NAME **CARLSON, SYLVIA**  
STREET ADDRESS **38 TURKEY CREEK**  
CITY-ST-ZIP **ALACHUA FL**

1.1 TITLE **1. D (PRESIDENT)** ☐ Change ☐ Addition  
1.2 NAME **CARLSON, SYLVIA**  
1.3 STREET ADDRESS **38 TURKEY CREEK**  
1.4 CITY-ST-ZIP **ALACHUA FL 32615**

TITLE VD ☐ DELETE  
NAME **GRATH, JOE**  
STREET ADDRESS **451 NW 58TH STREET**  
CITY-ST-ZIP **GAINESVILLE FL**

2.1 TITLE **2. D (VICE PRESIDENT)** ☐ Change ☐ Addition  
2.2 NAME **DICK WITTINGTON**  
2.3 STREET ADDRESS **5610 NW 45TH LANE**  
2.4 CITY-ST-ZIP **GAINESVILLE, FL 32667**

TITLE SD ☐ DELETE  
NAME **WHITTINGTON, DICK**  
STREET ADDRESS **5610 NW 45TH LANE**  
CITY-ST-ZIP **GAINESVILLE FL**

3.1 TITLE **3. D (TREASURER)** ☐ Change ☐ Addition  
3.2 NAME **MC GRATH, MILTON**  
3.3 STREET ADDRESS **451 NW 58TH ST**  
3.4 CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE TD ☐ DELETE  
NAME **SEAR, SENIA**  
STREET ADDRESS **3015 NW 20TH TERRACE**  
CITY-ST-ZIP **GAINESVILLE FL**

4.1 TITLE **4. D (SECRETARY)** ☐ Change ☐ Addition  
4.2 NAME **FRITTS, MILLIE**  
4.3 STREET ADDRESS **1282 REDBUD LANE**  
4.4 CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME **CARDL ANN KILLIAN**  
5.3 STREET ADDRESS **7242 TRAILS END**  
5.4 CITY-ST-ZIP **JACKSONVILLE, FL 32211**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE:

**Sylvia Carlson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan. 13, 1998**

**462-5031**

CR2E037 (10/97)