SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Sep 11 1998 8:00am
Secretary of State

000026271

DOCUMENT # 709720 (7)

1. Corporation Name

COQUINA KEY PROPERTY OWNERS ASSOCIATION, INC.

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

3. Date Incorporated or Qualified: 10/05/1965

4. FEI Number: 59-6046611 ☐ Applied For ☐ Not Applicable

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

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

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: RENA A GRAVES
82 Street Address (P.O. Box Number is Not Acceptable): 3495 MANATEE DR SE
83
84 City: St Petersburg FL FL 85 Zip Code: 33705

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: Rena A Graves — RENA A GRAVES — 8/31/98
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	1.1 TITLE	P	☐ Change ☒ Addition
NAME	FOURNIE, MURRAY		1.2 NAME	KLAUS SINN	
STREET ADDRESS	3680 COQUINA KEY DR, S.E.		1.3 STREET ADDRESS	3400 COQUINA KEY DR S.E	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	SD	☒ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	TALBOT, CAROL		2.2 NAME	Robert TURNER	
STREET ADDRESS	3270 COQUINA KEY DR., S.E.		2.3 STREET ADDRESS	4114 COQUINNA KEY DR SE	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	St Petersburg FL 33705	
TITLE	D	☒ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	IRWIN, BETTY		3.2 NAME	RENA A. GRAVES	
STREET ADDRESS	3980 COUINA KEY DR SE		3.3 STREET ADDRESS	3495 MANATEE DR SE	
CITY-ST-ZIP	ST PETE, FL 00000		3.4 CITY-ST-ZIP	St Petersburg FL 33705	
TITLE	DT	☒ DELETE	4.1 TITLE	S	☐ Change ☒ Addition
NAME	BORYSLAWKI, BARBARA J		4.2 NAME	JIM DOANE	
STREET ADDRESS	4201 POMPANO DR., S.E.		4.3 STREET ADDRESS	3791 COQUINA KEY DR S.E	
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP	St Petersburg FL 33705	
TITLE	DV	☒ DELETE	5.1 TITLE	[redacted] D	☐ Change ☐ Addition
NAME	JOHN STRICTLAND		5.2 NAME	BILL ADAMS	
STREET ADDRESS	3548 BEACH DR SE		5.3 STREET ADDRESS	3699 COQUINA KEY DR SE	
CITY-ST-ZIP	ST PETE, FL 00000		5.4 CITY-ST-ZIP	St Petersburg FL 33705	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MANKO, JOE		6.2 NAME	600002638096	
STREET ADDRESS	3648 SEA ROBIN DR S E		6.3 STREET ADDRESS	-09/14/98--01146--009	
CITY-ST-ZIP	ST PETE, FL 00000		6.4 CITY-ST-ZIP	***61.25	

CR2E037 (5/98)

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: [signature] 8/31/98 (727) 821-0140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #