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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709720

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/05/1965
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-6046611
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRAVES, RENA A 3495 MANATEE DR. SE ST PETERSBURG FL 33705	81 Name <i>Georgianna L. Wagner</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>3750 Coquina Key Dr. S.E.</i> 83 <i>St. Petersburg</i> 84 City <i>St. Petersburg</i> FL 85 Zip Code <i>33705</i>

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 *Georgianna L. Wagner* DATE *3-11-99*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINNIE, KLAUS	1.2 NAME	<i>Office is vacant</i>
STREET ADDRESS	3400 COQUINA KEY DR. S.E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<i>VP</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, ROBERT	2.2 NAME	<i>Mrs. Mel Henter</i>
STREET ADDRESS	4114 COQUINA KEY DR. S.E.	2.3 STREET ADDRESS	<i>4198 Coquina Key Dr. S.E.</i>
CITY-ST-ZIP	ST. PETERSBURG FL 33705	2.4 CITY-ST-ZIP	<i>St. Petersburg, FL 33705</i>
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<i>T</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, RENA A	3.2 NAME	<i>Mrs. Georgianna Wagner</i>
STREET ADDRESS	3945 MANATEE DR. S.E.	3.3 STREET ADDRESS	<i>3750 Coquina Key Dr. S.E.</i>
CITY-ST-ZIP	ST. PETERSBURG FL 33705	3.4 CITY-ST-ZIP	<i>St. Petersburg, FL 33705</i>
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<i>S.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOANE, JIM	4.2 NAME	<i>Mrs. Judy Exman</i>
STREET ADDRESS	3945 MANATEE DR. S.E.	4.3 STREET ADDRESS	<i>144 Pompano Dr.</i>
CITY-ST-ZIP	ST. PETERSBURG FL 33705	4.4 CITY-ST-ZIP	<i>St. Petersburg FL 33705</i>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, BILL	5.2 NAME	
STREET ADDRESS	3945 MANATEE DR. S.E.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	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 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, with all other like empowered.

SIGNATURE: *Georgianna L. Wagner* 2/26/99 813-273-3108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)