

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**

09-15-2003 90150 021 \*\*\*\*61.25

**DOCUMENT # 709720**

1. Entity Name

**COQUINA KEY PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business

**3870 POMPANO DRIVE S E  
SAINT PETERSBURG FL 33705**

Mailing Address

**3870 POMPANO DRIVE S E  
SAINT PETERSBURG FL 33705**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6046611**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~WHELAN, NAN~~  
~~3680 BEACH DR, S.E.~~  
~~ST PETERSBURG FL 33705~~

**HOWARD HUNTSBERRY**  
**582 DOLPHIN AV SE**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Howard Huntsberry*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**9/10/03**

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WHELAN, MIKE</b>	
STREET ADDRESS	<b>3680 BEACH DR, S.E.</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33705</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>LAWRENCE, ED</b>	
STREET ADDRESS	<b>545 LEWIS BLVD, S.E.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33705</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RICKETS, DAWN</b>	
STREET ADDRESS	<b>3944 NEPTUNE DR, S.E.</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33705</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WHELAN, NAN</b>	
STREET ADDRESS	<b>3680 BEACH DR, S.E.</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33705</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>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ANDERSON, EVIE</b>	
STREET ADDRESS	<b>4001 POMPANO DR, S.E.</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33705</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICKETS, DAWN</b>	
STREET ADDRESS	<b>3944 NEPTUNE DR SE</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DEBRA ELDRIDGE</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWARD HUNTSBERRY</b>	
STREET ADDRESS	<b>582 DOLPHIN AV SE</b>	
CITY-ST-ZIP	<b>ST PETERSBURG, FL - 33705</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Howard Huntsberry*

**9-10-03 772-895-8955**

CR2E037 (10/02)