

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709720

**Entity Name:** COQUINA KEY PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3850 POMPANO DRIVE S E  
SAINT PETERSBURG, FL 33705**Current Mailing Address:**PO BOX 35480  
SAINT PETERSBURG, FL 33705 US**FEI Number:** 59-6046611**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOCH, ELIZABETH  
3850 POMPANO DRIVE S E  
SAINT PETERSBURG, FL 33705 US*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.***SIGNATURE:** ELIZABETH MOCH

04/29/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MCGRAW, MICHAEL  
Address        3850 POMPANO DR. SE  
City-State-Zip: SAINT PETERSBURG FL 33705

Title            SECRETARY  
Name            CANNATA, KATHY  
Address        PO BOX 35480  
City-State-Zip: SAINT PETERSBURG FL 33705

Title            VP  
Name            MOCH, ELIZABETH  
Address        PO BOX 35480  
City-State-Zip: SAINT PETERSBURG FL 33705

Title            DIRECTOR  
Name            FREEMAN-FOSTER, TONICIA  
Address        PO BOX 35480  
City-State-Zip: SAINT PETERSBURG FL 33705

Title            DIRECTOR  
Name            BAKALYAR, KARINA  
Address        PO BOX 35480  
City-State-Zip: SAINT PETERSBURG FL 33705

Title            DIRECTOR  
Name            FRINETTI, NANCY  
Address        PO BOX 35480  
City-State-Zip: SAINT PETERSBURG FL 33705

Title            TREASURER  
Name            LINDA, SCHUCH  
Address        PO BOX 35480  
City-State-Zip: SAINT PETERSBURG FL 33705

Title            DIRECTOR  
Name            BELL, BRAD  
Address        PO BOX 35480  
City-State-Zip: SAINT PETERSBURG FL 33705

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LINDA SCHUCH**TREASURER**

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date