

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721669

**Entity Name:** T. C. MANAGEMENT - THE COQUINA, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 59-1425179

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JACKSON LAW GROUP, LL.M., P.A.  
100 WHETSTONE PLACE  
UNIT 101  
ST AUGUSTINE, FL 32086 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LASTINGER, ALLEN  
Address        8342 A1A SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            SECRETARY  
Name            CARPENTER, DEANNA  
Address        2830 NW 5TH COURT  
City-State-Zip: GAINESVILLE FL 32607

Title            VP  
Name            CASTRO, DOUG  
Address        2749 KELSEY PLACE  
City-State-Zip: JACKSONVILLE FL 32257

Title            TREASURER  
Name            GROVER, LEONARD  
Address        10242 BROOKCREST CIRCLE  
City-State-Zip: SOUTH JORDAN UT 84085

Title            DIRECTOR  
Name            JOYNER, MILLARD  
Address        7545 W. UNIVERSITY AVE.  
                 SUITE B  
City-State-Zip: GAINESVILLE FL 32607

*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:** ALLEN LASTINGER

**PRESIDENT**

**01/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date