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.

PRESIDENT

SIGNATURE: ALLEN LASTINGER

City-State-Zip: FLAGLER BEACH FL 32136

Electronic Signature of Signing Officer/Director Detail

	Electronic Signature of Registered Agent			
Officer/Director Detail :				
Title	PRESIDENT	Title	SECRETARY	
Name	LASTINGER, ALLEN	Name	KING, S. LISA	
Address	411 S CENTRAL AVE STE B	Address	411 S CENTRAL AVE STE B	
City-State-Zip:	FLAGLER BEACH FL 32136	City-State-Zip:	FLAGLER BEACH FL 32136	
Title	VP	Title	TREASURER	
Name	CASTRO, DOUG	Name	GROVER, LEONARD	
Address	411 S CENTRAL AVE STE B	Address	411 S CENTRAL AVE STE B	
City-State-Zip:	FLAGLER BEACH FL 32136	City-State-Zip:	FLAGLER BEACH FL 32136	
Title Name	DIRECTOR HINES, ROBERT			
Address	411 S CENTRAL AVE STE B			

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: LEA STOKES

PREFERRED MANAGEMENT SERVICES INC 411 S CENTRAL AVE STE B FLAGLER BEACH, FL 32136 US

Current Mailing Address:

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

Name and Address of Current Registered Agent:

FEI Number: 59-1425179

DOCUMENT# 721669

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

Current Principal Place of Business:

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

Certificate of Status Desired: No

04/10/2016

FILED Apr 10, 2016 Secretary of State CC9567686859

> 04/10/2016 Date

> > Date