## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 745253** 

Entity Name: COQUINA SANDS ASSOCIATION, INC.

**Current Principal Place of Business:** 

599 9TH STREET NORTH

SUITE 101

NAPLES, FL 34102

**Current Mailing Address:** 

599 9TH STREET NORTH

SUITE 101

NAPLES, FL 34102 US

FEI Number: 02-6275483 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DUSTIN, KERRY 599 9TH STREET NORTH SUITE 101 NAPLES, FL 34102 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: KERRY DUSTIN 01/09/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

City-State-Zip:

Title O Title D

NameCAMERON, MONICANameHARALDSEN, MAJAAddress690 BANYAN CIRCLEAddress1545 MUREX DR.City-State-Zip:NAPLES FL 34102City-State-Zip:NAPLES FL 34102

Title O Title D

Name ZIMMERMAN, MIKE Name MAYBERRY-HATT, DIANNE

Address 780 PINE COURT Address 470 BANYAN BLVD.

City-State-Zip: NAPLES FL 34102 City-State-Zip: NAPLES FL 34102

Title D Title VP

NameHURST, NANCYNameMAYER, JIMAddress1531 IXORA DRIVEAddress1690 IXORA DRIVE

City-State-Zip: NAPLES FL 34102 City-State-Zip: NAPLES FL 34102

Title O Title PRESIDENT

Name GARRITY, ARLENE Name DUSTIN, KERRY

Address 305 5TH AVENUE SOUTH Address 305 5TH AVENUE SOUTH

SUITE 206 SUITE 206

NAPLES FL 34102 City-State-Zip: NAPLES FL 34102

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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: KERRY DUSTIN PRESIDENT 01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 09, 2017

**Secretary of State** 

CC4503450153

## Officer/Director Detail Continued:

Title O Title

Name PINE, BOB Name SUCKOW, JAN

Address 305 5TH AVENUE SOUTH Address 305 5TH AVENUE SOUTH

SUITE 206 SUITE 206

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City-State-Zip: NAPLES FL 34102 City-State-Zip: NAPLES FL 34102

Title O Title O

Name MOLLOY, JOHN Name PETERSON, MARY PAT

Address 305 5TH AVENUE SOUTH Address 305 5TH AVENUE SOUTH

SUITE 206 SUITE 206

City-State-Zip: NAPLES FL 34102 City-State-Zip: NAPLES FL 34102

Title O Title DIRECTOR

Name KEITH, JIM Name BARONE , BJ

Address 305 5TH AVENUE SOUTH Address 1510 MANDARIN ROAD

SUITE 206
City-State-Zip: NAPLES FL 34102

Title DIRECTOR

Title DIRECTOR Name STORTER, REX

Address 1500 NAUTILUS ROAD
Address 1505 IXORA DRIVE

City-State-Zip: NAPLES FL 34102

Title DIRECTOR DIRECTOR

Name MOELLERS, TERRI
Name BENZING , PAUL

Address 1460 NAUTILUS ROAD

Address 1491 MANDARIN ROAD

City-State-Zip: NAPLES FL 34102