

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745253

**Entity Name:** COQUINA SANDS ASSOCIATION, INC.

**Current Principal Place of Business:**

1779 CRAYTON RD.  
NAPLES, FL 34102

**Current Mailing Address:**

1779 CRAYTON RD.  
NAPLES, FL 34102 US

**FEI Number:** 02-6275483

**Certificate of Status Desired:** Yes

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

LUTZ, WILLIAM J.  
1779 CRAYTON RD.  
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:** WILLIAM J. LUTZ

01/28/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BARRETT, GENE GENE BARRETT  
Address 1670 CRAYTOM RD.  
City-State-Zip: NAPLES FL 34102

Title SECRETARY  
Name HURST, NANCY  
Address 1531 IXORA DRIVE  
City-State-Zip: NAPLES FL 34102

Title VP  
Name MAYER, JIM  
Address 1690 IXORA DRIVE  
City-State-Zip: NAPLES FL 34102

Title DIRECTOR  
Name GARRITY, ARLENE  
Address 1540 IXORA DR.  
SUITE 206  
City-State-Zip: NAPLES FL 34102

Title DIRECTOR  
Name CALCE, JOHN  
Address 1505 IXORA DRIVE  
City-State-Zip: NAPLES FL 34102

Title DIRECTOR  
Name STORTER, REX  
Address 1500 NAUTILUS ROAD  
City-State-Zip: NAPLES FL 34102

Title DIRECTOR  
Name MOELLERS, TERRI  
Address 1460 NAUTILUS ROAD  
City-State-Zip: NAPLES FL 34102

Title DIRECTOR  
Name KIPP, TAMMY  
Address 650 BANYAN CIRCLE  
City-State-Zip: NAPLES FL 34102

**Continues on page 2**

*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:** WILLIAM J. LUTZ

PRESIDENT

01/28/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DUSTIN, KERRY  
Address 1625 IXORA DR.  
City-State-Zip: NAPLES FL 34102

Title PRESIDENT  
Name LUTZ, WILLIAM J.  
Address 1779 CRAYTON RD.  
City-State-Zip: NAPLES FL 34102

Title DIRECTOR  
Name BAREFOOT, LINCOLN  
Address 1450 MANDARIN RD.  
City-State-Zip: NAPLES FL 34102

Title DIRECTOR  
Name SHEARER, KURT  
Address 755 PINE CT.  
City-State-Zip: NAPLES FL 34102

Title DIRECTOR  
Name ASSAAD, MIKE MIKE ASSAAD  
Address 790 HARBOUR DR.  
SUITE 2C  
City-State-Zip: NAPLES FL 34102