

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001255

**FILED**  
**Mar 12, 2014**  
**Secretary of State**  
**CC7279864286**

**Entity Name:** COQUINA KEY TOWNHOMES ASSOCIATION, INC.

**Current Principal Place of Business:**

9887 FOURTH STREET NORTH  
SUITE 301  
SAINT PETERSBURG, FL 33702

**Current Mailing Address:**

9887 FOURTH STREET NORTH  
SUITE 301  
SAINT PETERSBURG, FL 33702

**FEI Number:** 20-1417700

**Certificate of Status Desired:** No

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

ASSOCIA GULF COAST, INC.  
9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702 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:** MARLENE SHAW

03/12/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WILSON, DARRYL  
Address        9887 FOURTH STREET NORTH, #301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            VP  
Name            SCHULTE, LOUIS  
Address        9887 FOURTH STREET NORTH #301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            TREASURER  
Name            HENRY, CATHERINE  
Address        9887 FOURTH STREET NORTH #301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            SECRETARY  
Name            ESTEP, KYLE  
Address        9887 FOURTH STREET NORTH #301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            DIRECTOR  
Name            CONSTANTIN, DIMITRI  
Address        9887 FOURTH STREET NORTH, #301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            DIRECTOR  
Name            LAMBERT, SHEILA  
Address        9887 FOURTH STREET NORTH, #301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            DIRECTOR  
Name            RODRIGUEZ, DIANNE  
Address        9887 FOURTH STREET NORTH, #301  
City-State-Zip: ST. PETERSBURG FL 33702

*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:** DARRYL WILSON

PRESIDENT

03/12/2014

Electronic Signature of Signing Officer/Director Detail

Date