

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J01708

**Entity Name:** COQUINA COVE RESIDENTS, INC.

**Current Principal Place of Business:**

15010 113TH AVENUE  
LOT 65  
LARGO, FL 33774

**Current Mailing Address:**

15010 113TH AVENUE  
LOT 65  
LARGO, FL 33774 US

**FEI Number:** 59-2655539

**Certificate of Status Desired:** No

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

DAMONTE, JONATHAN J  
12110 SEMINOLE BLVD.  
LARGO, FL 33778 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:** JONATHAN J. DAMONTE

04/30/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GAMBLE, MARGARET MARY  
Address        15010 113TH AVE  
                  LOT 8  
City-State-Zip: LARGO FL 33774

Title            SECRETARY  
Name            ERHARDT, DEBORAH  
Address        15010 113TH AVE  
                  LOT 3  
City-State-Zip: LARGO FL 33774-4333

Title            DIRECTOR  
Name            BRAY, KEVIN  
Address        15010 113TH AVENUE  
                  LOT #60  
City-State-Zip: LARGO FL 33774

Title            TREASURER  
Name            MURPHY, ROBERT  
Address        15010 113TH AVENUE  
                  LOT 7  
City-State-Zip: LARGO FL 33774

Title            VP  
Name            FABER, ROGER  
Address        15010 113TH AVE  
                  LOT 35  
City-State-Zip: LARGO FL 33774

Title            DIRECTOR  
Name            CHULLA, NANCY  
Address        15010 113TH AVE  
                  LOT 13  
City-State-Zip: LARGO FL 33774

Title            DIRECTOR  
Name            KELLY, DIANE  
Address        649 PINECREST DR.  
City-State-Zip: LARGO FL 33770

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARGARET GAMBLE

PRESIDENT

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date