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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709720 (7)

1. Corporation Name

COQUINA KEY PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3870 POMPANO DRIVE S E ST PETERSBURG FL 33705	3870 POMPANO DRIVE S E ST PETERSBURG FL 33705-4026

3. Date Incorporated or Qualified: 10/05/1965
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-6046611 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WATSON, ALAN D
3901 BEACH DR S E
ST PETE FL 33705

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	GEE, JAMES		1.2 NAME	MURRAY FOURNIE	
STREET ADDRESS	4649 NEPTUNE DR SE		1.3 STREET ADDRESS	3680 COQUINA KEY DR SE	
CITY-ST-ZIP	ST PETE, FL 00000		1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	SD	☒ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	DENNA WAGNER		2.2 NAME	CAROL TALBOT	
STREET ADDRESS	3750 COQUINA KEY DR SE		2.3 STREET ADDRESS	3270 COQUINA KEY DR SE	
CITY-ST-ZIP	ST PETE, FL 00000		2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	IRWIN, BETTY		3.2 NAME		
STREET ADDRESS	3980 COUINA KEY DR SE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETE, FL 00000		3.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	4.1 TITLE	DT	☒ Change ☐ Addition
NAME	KATHY A. DAVIS		4.2 NAME	BARBARA J BORYSLAWSKI	
STREET ADDRESS	3521 MANATEE DR ST		4.3 STREET ADDRESS	4201 POMPANO DR SE	
CITY-ST-ZIP	ST PETE, FL 00000		4.4 CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	DV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JOHN STRICTLAND		5.2 NAME		
STREET ADDRESS	3548 BEACH DR SE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETE, FL 00000		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MANKO, JOE		6.2 NAME		
STREET ADDRESS	3648 SEA ROBIN DR S E		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETE, FL 00000		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] MURRAY FOURNIE PRESIDENT 4/22/97 813-253-0541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0050136