

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 11 1998 8:00am  
Secretary of State

|                                                   |                                                                                   |                                                                                                    |
|---------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>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

3. Date Incorporated or Qualified  
10/05/1965  
4. FEI Number  
59-6046611  
Applied For  
Not Applicable

|                                                                                                     |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                            |                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br>WATSON, ALAN D<br>3901 BEACH DR S E<br>ST PETE FL 33705 | 10. Name and Address of New Registered Agent<br>81 Name RENA A GRAVES<br>82 Street Address (P.O. Box Number is Not Acceptable) 3495 MANATEE DR SE<br>83<br>84 City St Petersburg FL FL 85 Zip Code 33705 |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 *Rena A Graves* RENA A GRAVES 8/31/98  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS                                                                                       |                                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                        |                                                                              |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE PD<br>NAME FOURNIE, MURRAY<br>STREET ADDRESS 3680 COQUINA KEY DR, S.E.<br>CITY-ST-ZIP ST. PETERSBURG FL    | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE P<br>1.2 NAME KLAUS SINN<br>1.3 STREET ADDRESS 3400 COQUINA KEY DR S.E.<br>1.4 CITY-ST-ZIP ST PETERSBURG FL 33705  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE SD<br>NAME TALBOT, CAROL<br>STREET ADDRESS 3270 COQUINA KEY DR., S.E.<br>CITY-ST-ZIP ST. PETERSBURG FL     | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE V<br>2.2 NAME ROBERT TURNER<br>2.3 STREET ADDRESS 4114 COQUINNAKEY DR SE<br>2.4 CITY-ST-ZIP St Petersburg FL 33705 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE D<br>NAME IRWIN, BETTY<br>STREET ADDRESS 3980 COQUINA KEY DR SE<br>CITY-ST-ZIP ST PETE, FL 00000           | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE T<br>3.2 NAME RENA A. GRAVES<br>3.3 STREET ADDRESS 3495 MANATEE DR SE<br>3.4 CITY-ST-ZIP St Petersburg FL 33705    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE DT<br>NAME BORYSLAWKI, BARBARA J<br>STREET ADDRESS 4201 POMPANO DR., S.E.<br>CITY-ST-ZIP ST. PETERSBURG FL | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE S<br>4.2 NAME JIM DOANE<br>4.3 STREET ADDRESS 3791 COQUINA KEY DR S.E.<br>4.4 CITY-ST-ZIP St Petersburg FL 33705   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE DV<br>NAME JOHN STRICTLAND<br>STREET ADDRESS 3548 BEACH DR SE<br>CITY-ST-ZIP ST PETE, FL 00000             | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE D<br>5.2 NAME BILL ADAMS<br>5.3 STREET ADDRESS 3699 COQUINA KEY DR SE<br>5.4 CITY-ST-ZIP St Petersburg FL 33705    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE D<br>NAME MANKO, JOE<br>STREET ADDRESS 3648 SEA ROBIN DR S E<br>CITY-ST-ZIP ST PETE, FL 00000              | <input type="checkbox"/> DELETE            | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

14. I 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: *Rena A Graves* 8/31/98 (727) 821-0140  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #