

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90005 044 ****61.25

DOCUMENT # 709720

1. Entity Name

COQUINA KEY PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

3870 POMPANO DRIVE S E
SAINT PETERSBURG FL 33705

Mailing Address

3870 POMPANO DRIVE S E
SAINT PETERSBURG FL 33705

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6046611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUNTSBERRY, HOWARD
582 DOLPHIN AVE SE
SAINT PETERSBURG FL 33705

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

HOWARD Y HUNTSBERRY *Howard Y Huntsberry*

2-26-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **RICKETS, DAWN**
STREET ADDRESS **3944 NEPTUNE DR. SE.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33705**

TITLE **VD** ☐ Delete
NAME **LAWRENCE, ED**
STREET ADDRESS **545 LEWIS BLVD, S.E.**
CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE **S** ☒ Delete
NAME **ELDRIDGE, DEBRA**
STREET ADDRESS **3944 NEPTUNE DR, S.E.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33705**

TITLE **H** ☐ Delete
NAME **HUNTSBERRY, DEBRA HOWARD**
STREET ADDRESS **582 DOLPHIN AV SE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33705**

TITLE **D** ☐ Delete
NAME **MANKO, JOE**
STREET ADDRESS **3648 SEA ROBIN DR S E**
CITY-ST-ZIP **ST PETE, FL 00000**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☒ Change ☐ Addition
NAME **CAROLYN GULLEY**
STREET ADDRESS **582 LEWIS BLVD SE**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33705**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *HOWARD Y HUNTSBERRY* *Howard Y Huntsberry* 2-26-04 727-895-8955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #