


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # 721081 1. Entity Name COQUINA GARDENS, INC.	
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Principal Place of Business 1047 HARTLEY AVENUE MARCO ISLAND, FL 34146 US	Mailing Address PO BOX 237 MARCO ISLAND, FL 33145 US
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DO NOT WRITE IN THIS SPACE



04172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7271955	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SAFE HARBOR PROPERTY MGMT 233 N. COLLIER BLVD MARCO ISLAND, FL 34145

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT KOCH, ROBERT 572 S 6TH STREET LINDENHURST, NY 11757
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ZICCARDI, JOE 11479 NORTSHORE DR CONNEAUT LAKE, PA 16316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS FIORINI, ALICE 171 PINE GROVE DRIVE PITTSFIELD, MA 01201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000720532 05/01/07-80106-025 61.25</p> DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Alice A. Fiorini Alice A. Fiorini 3/17/07 413-443-3372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #