


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90258 049 ****61.25

DOCUMENT # 721081 1. Entity Name COQUINA GARDENS, INC.																																																																																																																																																																													
Principal Place of Business 1047 HARTLEY AVENUE MARCO ISLAND, FL 34146 US			Mailing Address PO BOX 237 MARCO ISLAND, FL 33145 US																																																																																																																																																																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																																											
City & State		City & State																																																																																																																																																																											
Zip	Country	Zip	Country	4. FEI Number 23-7271955																																																																																																																																																																									
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			7. Name and Address of New Registered Agent Name <u>Safe Harbor Property Mgmt.</u> Street Address (P.O. Box Number is Not Acceptable) <u>601 Elkcam Circle, B-16</u> City <u>Marco Island, FL</u> Zip Code <u>34145</u>																																																																																																																																																																										
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 <u>Wm Jeffrey W. II</u> DATE <u>4/30/08</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																																																									
Make check payable to Florida Department of State																																																																																																																																																																													
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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: <u>Wm Jeffrey W. II Mgt. Agent</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/30/08</u> Daytime Phone # <u>239.3941101</u>																																																																																																																																																																									