## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#721081** 

Entity Name: COQUINA GARDENS, INC.

FILED Apr 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1047 HARTLEY AVENUE 1047 HARTLEY AVENUE

MARCO ISLAND, FL 34146 US MARCO ISLAND, FL 34145 US

Current Mailing Address: New Mailing Address:

PO BOX 237 PO BOX 237

MARCO ISLAND, FL 33145 US MARCO ISLAND, FL 33146 US

FEI Number: 24-7271955 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SAFE HARBOR PROPERTY MGMT PROPERTY MANAGEMENT PLUS, LLC 601 ELKCAM CIR 410 ROBIN HOOD CIRCLE

B-16 202
MARCO ISLAND, FL 34145 US NAPLES, FL 34104 US

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.

SIGNATURE: PATRICK G FITZMORRIS 04/04/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT ( ) Delete Title: PT (X) Change ( ) Addition

 Name:
 KOCH, ROBERT
 Name:
 KOCH, ROBERT W

 Address:
 572 S 6TH STREET
 Address:
 572 S 6TH STREET

 City-St-Zip:
 LINDENHURST, NY 11757
 City-St-Zip:
 LINDENHURST, NY 11757

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: ZICCARDI, JOE Name: ZICCARDI, JOSEPH C

Address: 11479 NORTHSHORE DR Address: 11479 NORTHSHORE DR City-St-Zip: CONNEAUT LAKE, PA 16316 City-St-Zip: CONNEAUT LAKE, PA 16316

 $\label{eq:title:DS} \textit{Title:} \qquad \textit{DS} \qquad \textit{()} \; \textit{Delete} \qquad \qquad \textit{Title:} \qquad \textit{S} \qquad \textit{(X)} \; \textit{Change} \; \textit{()} \; \textit{Addition}$ 

 Name:
 FIORINI, ALICE
 Name:
 FIORINI, ALICE A

 Address:
 171 PINE GROVE DRIVE
 Address:
 171 PINE GROVE DRIVE

 City-St-Zip:
 PITTSFIELD, MA 01201
 City-St-Zip:
 PITTSFIELD, MA 01201

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE A FIORINI S 04/04/2009