

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)-

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90068 016 \*\*\*\*61.25

**DOCUMENT # 721650**

1. Entity Name

COQUINA COVE CONDOMINIUM APTS, INC.



Principal Place of Business

261 BANYAN BOULEVARD  
NAPLES FL 34103  
US

Mailing Address

2335 9TH STREET N  
#505  
NAPLES FL 34103  
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

59-1445543

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GULF VIEW PROPERTY MANAGEMENT  
2335 9TH ST N #505  
NAPLES FL 34103

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

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, 2007**

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: D ☒ Delete  
NAME: ARONSON, BEN  
STREET ADDRESS: 261 BANYAN BLVD SUITE 208  
CITY-ST-ZIP: NAPLES FL 34102

TITLE: TD ☐ Delete  
NAME: DUFOUR, MAGGIE  
STREET ADDRESS: 261 BANYAN BLVD, # 106  
CITY-ST-ZIP: NAPLES FL 34102

TITLE: SD ☐ Delete  
NAME: CHEEK, VIKI  
STREET ADDRESS: 261 BANYAN BLVD, # 209  
CITY-ST-ZIP: NAPLES FL 34102

TITLE: PD ☐ Delete  
NAME: QUINTON, EDWARD  
STREET ADDRESS: 261 BANYAN BLVD, # 109  
CITY-ST-ZIP: NAPLES FL 34102

TITLE: VPD ☐ Delete  
NAME: TEXEIRA, TONY  
STREET ADDRESS: 32 SANDERSON DR  
CITY-ST-ZIP: PLYMOUTH MA 02360

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Mike Johnson ☐ Change ☐ Addition  
NAME: Mike Johnson  
STREET ADDRESS: 2010 Grasmere Dr.  
CITY-ST-ZIP: Louisville KY 40205

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:

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 exemptions contained in Section 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:

*Edward Quinton* as President

Edward Quinton

4/9/07

305-358-2727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #