2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# 721650

Entity Name: COQUINA COVE CONDOMINIUM APTS, INC.

Current Principal Place of Business:

261 BANYAN BOULEVARD
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

2335 9TH STREET N
#505
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-1445543 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JOHNSON, MIKE
Address: 2010 GRASMERE DR
City-St-Zip: LOUISVILLE, KY 40205

Title: TD ( ) Delete
Name: DUFOUR, MAGGIE
Address: 261 BANYAN BLVD, # 106
City-St-Zip: NAPLES, FL 34102

Title: SD ( ) Delete
Name: CHEEK, VIKI
Address: 261 BANYAN BLVD, # 209
City-St-Zip: NAPLES, FL 34102

Title: PD ( ) Delete
Name: QUINTON, EDWARD
Address: 261 BANYAN BLVD, # 109
City-St-Zip: NAPLES, FL 34102

Title: VPD ( ) Delete
Name: TEXEIRA, TONY
Address: 32 SANDERSON DR
City-St-Zip: PLYMOUTH, MA 02360

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: SCHENDEL, DALE
Address: 261 BANYAN BLVD.
City-St-Zip: NAPLES, FL 34102

Title: SD (X) Change ( ) Addition
Name: CHEEK, VICKY
Address: 261 BANYAN BLVD, # 209
City-St-Zip: NAPLES, FL 34102

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: VICKY CHEEK SD 04/10/2009

Electronic Signature of Signing Officer or Director — Date