

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 15, 2011
Secretary of State

DOCUMENT# 721669

Entity Name: T. C. MANAGEMENT - THE COQUINA, INC.**Current Principal Place of Business:**7900 A1A SOUTH, UNIT A-101
ST. AUGUSTINE, FL 320868351**New Principal Place of Business:****Current Mailing Address:**7900 A1A SOUTH, UNIT A-101
ST. AUGUSTINE, FL 320868351**New Mailing Address:****FEI Number:** 59-1425179**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JACKSON LAW GROUP, LL.M., P.A.
100 WHETSTONE PLACE
UNIT 101
ST AUGUSTINE, FL 32086 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: VPD
Name: GOFORTH, SALLY
Address: 4826 SW 95TH TERRACE
City-St-Zip: GAINSVILLE, FL 32608

Title: S
Name: CARLSON, NORMAN
Address: 38 TURKEY CREEK
City-St-Zip: ALACHUA, FL 32615

Title: P
Name: LENTZ, FRANKLIN
Address: 635 NE 1ST ST
City-St-Zip: GAINESVILLE, FL 32601

Title: T
Name: PACE, RICHELLE
Address: PO BOX 357474
City-St-Zip: GAINESVILLE, FL 32635

Title: D
Name: LASTINGER, ALLEN
Address: 8342 A1A SOUTH UNIT 106
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: FRANKLIN LENTZ

P

03/15/2011

Electronic Signature of Signing Officer or Director

Date