FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **734879** **(0)**

1. Corporation Name

COQUINA BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
631 NERITA ST. P.O. BOX 694 SANIBEL FL 33957	631 NERITA ST. P.O. BOX 694 SANIBEL FL 33957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1659134 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JAMBECK, NICK
1630 PERIWINKLE WAY
STE G
SANIBEL FL 33957

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 1633 Periwinkle Way

83 Ste G

84 City: Sanibel FL 85 Zip Code: 33957

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE

Signature of new registered agent (if applicable) (NOTE: Registered agent signature required when required)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BALL, ARMAND	12 NAME	
STREET ADDRESS	629 C. NERITA STREET	13 STREET ADDRESS	
CITY ST ZIP	SANIBEL FL	14 CITY ST ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, DAVID	22 NAME	
STREET ADDRESS	147 GRUMMAN HILL RD.	23 STREET ADDRESS	
CITY ST ZIP	WILTON CT	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	COSYNS, HOWARD	32 NAME	
STREET ADDRESS	509 LAKE MUREX CIRCLE	33 STREET ADDRESS	
CITY ST ZIP	SANIBEL FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	TRAIL, RAYMOND	42 NAME	
STREET ADDRESS	636 ALMSHOUSE ROAD	43 STREET ADDRESS	
CITY ST ZIP	IVYLAND PA	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SMITH, ROBERT	52 NAME	
STREET ADDRESS	614 OAK RIDGE ROAD	53 STREET ADDRESS	
CITY ST ZIP	EDGEWOOD KY	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Armand Ball — Armand Ball — 4-17-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date

0017300