

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734879** (0)
1. Corporation Name
COQUINA BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 631 NERITA ST. P.O. BOX 694 SANIBEL FL 33957	Mailing Address 631 NERITA ST. P.O. BOX 694 SANIBEL FL 33957
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3. Date Incorporated or Qualified 02/04/1976	
4. FEI Number 59-1659134	Applied For ☐ Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent JAMBECK, NICK 1633 PERIWINKLE WAY SUITE G SANIBEL FL 33957
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BALL, ARMAND	1.2 NAME	
STREET ADDRESS	629 C. NERITA STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, DAVID	2.2 NAME	
STREET ADDRESS	147 GRUMMAN HILL RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON CT	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	COSYNS, HOWARD	3.2 NAME	
STREET ADDRESS	509 LAKE MUREX CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	TRAIL, RAYMOND	4.2 NAME	
STREET ADDRESS	636 ALMSHOUSE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	IVYLAND PA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, ROBERT	5.2 NAME	
STREET ADDRESS	614 OAK RIDGE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWOOD KY	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 *David Roberts* 2/18/98 941-477-5120

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