FILE NOW: FILING FEE IS $61.25

FILED
Feb 16, 1999 8:00am
Secretary of State

02-16-1999 90038 036 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734879

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/04/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1659134 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

JAMBECK, NICK
1633 PERIWINKLE WAY
SUITE G
SANIBEL FL 33957

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Signature David Roberts 1/8/99 (941) 472-5020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #