2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734879

1. Entity Name

COQUINA BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address P.O. BOX 100 _621-NERITA-ST. 631 NERITA ST. 2-9-BOX 694-HU. BOX 694 SANIBEL FL 33957 SANIBEL FL 33957-8694

FILED Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90124 048 ****61.25

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2. Principal F	Place of Busin	ess .	3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	e	· -	City & State	City & State			4. FEI Number			A	pplied For]
							59-1659134			N	ot Applicable]
Zip		Country	Zip		Country					\$8.75 Ad Fee Require	.75 Additional Required	
	6. Name	and Address of Curre	nt Registered Agent				7. Name and	Address of New I	Registered	d Agent]
				_	Name	Name				يحد دورو د	1	1
*******	NIOI						(P.O. Box Number is Not Acceptable)					1
JAMBECK,		w						4 1				4
SUITE G	WINKLE WA	41										ı
SANIBEL F	1 22057			City					F	Zip Coo	ie	1
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8. The above	named entity	y submits this statement	for the purpose of changing its	s register	ed office or r	egister	ed agent, or bot	h, in the state of Flo	orida.			
SIGNATURE	Signature, typed	or printed name of registered age	ent and title if applicable. (NO	TE: Registere	d Agent signature	required	when reinstating)		DATE		<u> </u>	
			··· ·					<u> </u>				-
	EII & I	NOW.	9 Flection Campaig	9. Election Campaign Financing \$5.				Mak	a Chack	. Davahla t	^	}
FILE NOW: FEE IS \$61.25				Trust Fund Contribution.			0 May Be I to Fees	Make Check Payable to Department of State			,	
	LEE 19	\$01.25				, 1000	1.0 1 000		partine	it or orac		1
10.	`	OFFICERS AND D	DIRECTORS	11.			ADDITIONS/CHA	ANGES TO OFFICE	RS AND [DIRECTORS II	V 10	1
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NAME	BALL, ARM	MAND	<u>~~</u>	NAM	E	60	beix	KPING.)_		/	3
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NAME	ROBERTS,	DAVID	/\	NAM	Ε	CJ.	(// K-	llabni	_			}
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NAME	COSYNS,	HOWARD	, ,	NAM	Ε	V.	chars.	Klorm	のろろう	•	/	
STREET ADDRESS	509 LAKE	MUREX CIRCLE			ET ADDRESS	(10-3 10	1, MO	<u>ক</u>			
CITY-ST-ZIP	SANIBEL F	`L		CITY	-ST-ZIP	<u> </u>	$\Delta C(\omega_C)$	1, no	630	<u>. 5 (</u>		_
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NAME	TRAIL, RAY			NAM								
		HOUSE ROAD			ET ADDRESS							
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NAME STREET ADDRESS	SMITH, RO		,	NAM	l l			_				Į
		RIDGE ROAD			ET ADDRESS			-				ļ
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CITY-ST-ZIP	<u> </u>		· <u> </u>		-ST-ZIP			<u> </u>	 _			1
12. Thereby of	certify that the	information supplied w	ith this filing does not qualify fo	or the exe	mption state	d in Se	ction 119.07(3)(i), Florida Statutes.	I further c	ertify that the	information	1

indicated on this report or supplemental 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 enjoyment to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: