2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
03-12-2001 90005 036 ****61.25

DOCUMENT # 734879

1. Entity 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

2. Principal Place of Business	3. Mailing Address
631 Nerita St	P.O. Box 100
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sanibel FL	City & State: Sanibel, FL
Zip: 33957 Country: US	Zip: 33957 Country: US

4. FEI Number 59-1659134 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAMBECK, NICK ~~1833 PERIWINKLE WAY~~ ~~SUITE G~~ SANIBEL FL 33957	Name Street Address (P.O. Box Number is Not Acceptable) 703 Tarpon Bay Rd, Ste B City: FL Zip Code

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BANNISTER, ROBERT 801 YALE AVE APT 1224 SWARTHMORE PA 19081	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENDALE, BILL 4566 CARYA SQ COLUMBUS IN 47201	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLOHMANN, RICHARD 463 MAYMOUNT FLORISSANT MO 63031	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 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 empowered 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: Robert Bannister 3/02/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #