## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 29, 2002 8:00 am § Secretary of State **DOCUMENT # 734879** 1. Entity Name COQUINA BEACH CONDOMINIUM ASSOCIATION, INC. 04-29-2002 90142 034 \*\*\*\*61 25 Principal Place of Business Mailing Address P O BOX 100 631 NERITA STREET SANIBEL FL 33957 SANIBEL FL 33957 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1659134 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JAMBECK, NICK 703 TARPON BAY RD SUITE B City Zip Code SANIBEL FL 33957 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) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Addition TITLE ☐ Delete NAME BANNISTER, ROBERT NAME STREET ADDRESS **801 YALE AVE APT 1224** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SWARTHMORE PA 19081** 09 ☐ Addition TITLE ☐ Delete TITLE Kendale. Bili NAME NAME STREET ADDRESS STREET ADDRESS 4566 CARYA SQ CITY-ST-ZIP CITY-ST-ZIP COLUMBUS IN 47201 ☐ Change Aedition TITLE TITLE Delete KLOHMANN, RICHARD NAME NAME Jerita 2+ #0 STREET ADDRESS STREET ADDRESS **463 MAYMOUNT** CITY-ST-ZIF CITY-ST-ZIE FL 2395 FLORISSANT MO 63031 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone # Date

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