

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90162 047 ****61.25

DOCUMENT # 734879					
1. Entity Name COQUINA BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 631 NERITA STREET SANIBEL, FL 33957 US			Mailing Address P O BOX 100 SANIBEL, FL 33957 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FBI 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 MACKESY, STEVEN 711 TARPON BAY RD SANIBEL, FL 33957			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature typed or printed name of registered agent and all applicants. (NOTE: Registered Agent Signature required when registered.)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	D	☒ Delete	TITLE	☐ Change	☐ Addition
NAME	KENDALL, BILL		NAME		
STREET ADDRESS	4586 CARYA SQ		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, IN 47201		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HICKEY, TOM		NAME		
STREET ADDRESS	625 NERITA STREET #D		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MCCORMACK, BILL		NAME		
STREET ADDRESS	627 NERITA STREET #B		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DERONICK, HENRY		NAME		
STREET ADDRESS	631 NERITA STREET #D		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 information.					
SIGNATURE: <i>Thomas Hickey</i>		7/12/06			
Thomas Hickey					