

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734879

FILED
Apr 07, 2009
Secretary of State

Entity Name: COQUINA BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

631 NERITA STREET
SANIBEL, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 100
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 59-1659134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKESY, STEVEN
711 TARPON BAY RD
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HICKEY, TOM
Address: 625 NERITA STREET #2D
City-St-Zip: SANIBEL, FL 33957

Title: VD () Delete
Name: MCCORMACK, BILL
Address: 627 NERITA STREET #B
City-St-Zip: SANIBEL, FL 33957

Title: T () Delete
Name: WINKLER, MIKE
Address: 10298 WEST M. AVENUE
City-St-Zip: KALAMAZOO, MI 49009

Title: SD () Delete
Name: LORSCH, LOIS
Address: 627 NERITA ST #3C
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: LIBERATOR, ED
Address: 623 NERITA ST #1G
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HICKEY, THOMAS
Address: 625 NERITA STREET #2D
City-St-Zip: SANIBEL, FL 33957

Title: VD (X) Change () Addition
Name: MCCORMACK, BILL
Address: 627 NERITA STREET #3B
City-St-Zip: SANIBEL, FL 33957

Title: TD (X) Change () Addition
Name: WINKLER, MICHAEL
Address: 10298 WEST M. AVENUE
City-St-Zip: KALAMAZOO, MI 49009

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS HICKEY

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date