

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90174 037 *****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. 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
783 TARPON BAY RD
SUITE B
SANIBEL FL 33957**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	☐ Delete
NAME	BANNISTER, ROBERT	
STREET ADDRESS	801 YALE AVE APT 1224	
CITY-ST-ZIP	SWARTHMORE PA 19081	
TITLE	PD	☐ Delete
NAME	KENDALL, BILL	
STREET ADDRESS	4566 CARYA SQ	
CITY-ST-ZIP	COLUMBUS IN 47201	
TITLE	STD	☐ Delete
NAME	HICKEY, TOM	
STREET ADDRESS	625 NERITA STREET #D	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	☐ Delete
NAME	MCCORMACK, BILL	
STREET ADDRESS	627 NERITA STREET #B	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	☐ Delete
NAME	DERONCK, HENRY	
STREET ADDRESS	631 NERITA STREET #G	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *William Kendall* *William Kendall* *4/6/03 2394725428*

CR2E037 (10/02)