

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90048 001 ****70.00

DOCUMENT # 735124

1. Entity Name

COQUINA GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

7115 COQUINA WAY
APT #5
ST PETE BEACH FL 33706

Mailing Address

~~229~~ EVERGREEN ST
BREVARD NC 28712

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

387 EVERGREEN ST

Suite, Apt. #, etc.

City & State

City & State
BREVARD N.C

Zip

Country

Zip
28712

Country

TRANSYLVANIA

4. FEI Number

59-1669825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NISSLEY, JACOB D
7115 COQUINA WAY
APT #5
ST PETE BEACH FL 33706

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

Jacob O. Nissley

JACOB O. NISSLEY

1-26-7

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE: P ☐ Delete
NAME: NISSLEY, JACOB D
STREET ADDRESS: 229 EVERGREEN ST
CITY-ST-ZIP: BREVARD NC 28712

TITLE: V ☐ Delete
NAME: BAKER, CHRISTIE
STREET ADDRESS: 332-40TH AVENUE #4
CITY-ST-ZIP: ST PETE BEACH FL 33706

TITLE: ST ☐ Delete
NAME: ARDAI, LIANA
STREET ADDRESS: 1090 THOMAS STREET
CITY-ST-ZIP: ENGLEWOOD FL 34223

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☒ Change ☐ Addition
NAME: NISSLEY, JACOB D
STREET ADDRESS: 387 EVERGREEN ST
CITY-ST-ZIP: BREVARD NC 28712

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

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

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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 exemptions contained in Section 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 empowered.

SIGNATURE:

Jacob O. Nissley

JACOB O. NISSLEY

1-26-7

727-361-2143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number