

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735124

FILED
Jul 16, 2009
Secretary of State

Entity Name: COQUINA GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

387 EVERGREEN ST
BREVARD, NC 28712

New Mailing Address:

1690 THOMAS STREET
ENGLEWOOD, FL 34223

FEI Number: 59-1669825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ARDAI, LIANA
1690 THOMAS STREET
ENGLEWOOD, FL 34223 US

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: LIANA ARDAI

07/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NISSLEY, JACOB D
Address: 387 EVERGREEN ST
City-St-Zip: BREVARD, NC 28712

Title: V () Delete
Name: BAKER, CHRISTIE
Address: 332-40TH AVENUE #4
City-St-Zip: ST PETE BEACH, FL 33706

Title: ST () Delete
Name: ARDAI, LIANA
Address: 1690 THOMAS STREET
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LIANA ARDAI

ST

07/16/2009

Electronic Signature of Signing Officer or Director

Date