

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

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91060 014 \*\*\*\*61.25

**DOCUMENT # 735124**

1. Entity Name

**COQUINA GARDENS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**7115 COQUINA WAY  
ST. PETERSBURG BEACH FL 33706**

Mailing Address

**7115 COQUINA WAY  
ST. PETERSBURG BEACH FL 33706**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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

**JAGER, DIANA  
7115 COQUINA WAY #10  
ST. PETERSBURG BEACH FL 33706**

7. Name and Address of New Registered Agent

Name **Bill Agans**

Street Address (P.O. Box Number is Not Acceptable)

**7115 Coquina Way # 3**

City **ST Petersburg**

FL

Zip Code

**33706**

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

*Bill Agans*

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

(NOTE: Registered Agent signature required when reinstating)

**1/3/03**

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

TITLE NAME	<b>PD THOMAS, KENNETH H</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>7115 COQUINA WAY #5</b>	
CITY-ST-ZIP	<b>SAINT PETE BEACH FL 33706</b>	
TITLE NAME	<b>VD CATALANI, MARCELLO</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>7115 COQUINA WAY #4</b>	
CITY-ST-ZIP	<b>SAINT PETE BEACH FL 33706</b>	
TITLE NAME	<b>STD JAGER, DIANA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>7115 COQUINA WAY #8</b>	
CITY-ST-ZIP	<b>SAINT PETE BEACH FL 33706</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>STD Agans, Bill</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>7115 Coquina Way # 3</b>	
CITY-ST-ZIP	<b>SAINT PETE BEACH FL 33706</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **SIG REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/3/03**

Date

**727 360 2135**

Daytime Phone #

CR2E037 (10/02)