

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 11:10:05

DOCUMENT # 736399 (7)

1. Corporation Name

COQUINA KEY CRUISING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3600 COQUINA KEY DR. SE
ST. PETERSBURG FL 33705

3600 COQUINA KEY DR. SE
ST. PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1976

3a. Date of Last Report

03/09/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARMSTRONG, WILLIAM H
843 PARK ST. S.
ST. PETERSBURG FL 33707

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am family with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

William H. Armstrong
Signature, typed or printed name of registered agent and fee if applicable

(N/A) Registered Agent signature required when reappointing

April 22, 1995
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
GUILD, CHARLES E
3600 COQUINA KEY DR. S.E.
ST. PETERSBURG FL 33705

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
ED PD
IRWIN, JAMES
3980 COQUINA KEY DR SE
ST. PETERSBURG, FL 33705

11 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
IRWIN, JAMES
3890 COQUINA KEY DR SE
ST. PETERSBURG FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
VD
LANGDON, DAVID
4136 BEACH DR. SE
ST. PETERSBURG, FL 33705

11 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
ARMSTRONG, WILLIAM H
843 PARK ST. S.
ST. PETERSBURG FL 33707

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
T/D
ARMSTRONG, WILLIAM H
843 PARK ST. S.
ST. PETERSBURG, FL 33707

11 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

11 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

11 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William H. Armstrong
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

April 22, 1995 (83) 381-6301
DATE (Filing Fee)