

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2004 08:00 AM
Secretary of State

DOCUMENT # 736399

1. Entity Name
COQUINA KEY CRUISING ASSOCIATION, INC.



Principal Place of Business
**38520 POMPANO DRIVE SE
ST PETERSBURG, FL 33705 US**

Mailing Address
**38520 POMPANO DRIVE SE
ST PETERSBURG, FL 33705 US**

DO NOT WRITE IN THIS SPACE



08162004 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ADAMS, WILLIAMS J
3699 COQUINA KEY DR SE
SAINT PETERSBURG, FL 33705**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000170849
08/25/04-800002-019 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
PIVNICKI, ANN
3700 BEACH DRIVE SE
ST PETERSBURG, FL 33705**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
PIVNICKI, STEVEB
3700 BEACH DRIVE SE
SAINT PETERSBURG, FL 33705**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
ADAMS, WILLIAM J
3699 COQUINA KEY DR SE
SAINT PETERSBURG, FL 33705**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 J Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/04 *727-892-2460*
Date Daytime Phone #