

FILE NOW: FILING FEE IS \$61.25.

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 741820 (5)
1. Corporation Name
COQUINA ISLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
856 SCALLOP CT 856 SCALLOP CT
FT WALTON BEACH FL 32548 FT WALTON BEACH FL 32548

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified 02/24/1978 3a. Date of Last Report 06/21/1995
4. FEI Number 59-1884510 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

PETERSON, DALE E.
REALTY INC.
321 HIGHWAY 98 EAST
DESTIN FL 32541

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE
NAME DELCAMBRE, IRVIN
STREET ADDRESS 8419 BEECHWOOD CT.
CITY-ST-ZIP LAFAYETTE LA
TITLE D DELETE
NAME TILLMAN, B.T.
STREET ADDRESS 2209 TANGLEWOOD CR
CITY-ST-ZIP BIRMINGHAM FL
TITLE PD DELETE
NAME ROTTER, DENNIS
STREET ADDRESS UNIT 201, 856 SCALLOP CT.
CITY-ST-ZIP FT. WALTON BCH. FL
TITLE SD DELETE
NAME BAYER, PETER
STREET ADDRESS 257 MIRACLE STRIP PKWY
CITY-ST-ZIP MARY ESTHER FL
TITLE TD DELETE
NAME MITCHELL, PAMELA
STREET ADDRESS 103 DUKE DRIVE
CITY-ST-ZIP NICEVILLE FL
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Change Addition
1.2 NAME DELCAMBRE, IRVIN
1.3 STREET ADDRESS 8419 BEECHWOOD CT.
1.4 CITY-ST-ZIP LAFAYETTE, LA
2.1 TITLE P D Change Addition
2.2 NAME Dinah Molina
2.3 STREET ADDRESS 7 Easy Street
2.4 CITY-ST-ZIP Milton, FL 32570
3.1 TITLE VP D Change Addition
3.2 NAME Gloria Roe
3.3 STREET ADDRESS 3717 Meadow Drive
3.4 CITY-ST-ZIP Housesprings, MO 63051
4.1 TITLE S D Change Addition
4.2 NAME Stacy Dingler
4.3 STREET ADDRESS 856 Scallop Court #111
4.4 CITY-ST-ZIP Ft. Walton Beach, FL 32548
5.1 TITLE T D Change Addition
5.2 NAME Norman Weiss
5.3 STREET ADDRESS P.O. Box 5607
5.4 CITY-ST-ZIP Ft. Walton Bch, FL 32548
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)