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Jul 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 741820 (5)

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 32548-6706

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 29 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
02/24/1978 04/01/1996
4. FEI Number Applied For
59-1884510 Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution 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

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
Stewart Rosette Realty
970 Gulfshore Dr
Destin FL 32541

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 617.0505, Florida Statutes.

SIGNATURE Stewart Rosette Realty Blue Peterson Manager 6-20-97
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 BEECH CT
CITY-ST-ZIP LAYFAYETTE LA
TITLE PD DELETE
NAME MOLINA, DINAH
STREET ADDRESS 7 EASY ST
CITY-ST-ZIP MILTON FL 32570
TITLE VPD DELETE
NAME ROE, GLORIA
STREET ADDRESS 3717 MEADOW DR
CITY-ST-ZIP HOUSESPRINGS FL 63051
TITLE SD DELETE
NAME DINGLER, STACY
STREET ADDRESS 856 SCALLOP CT #111
CITY-ST-ZIP FT WALTON BCH FL 32548
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE VPD Change Addition
3.2 NAME Johnson, Marshall
3.3 STREET ADDRESS P.O. Box 1182
3.4 CITY-ST-ZIP CULLMAN, AL 35056
4.1 TITLE Change Addition
4.2 NAME MURRAY, STACI
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE TD Change Addition
5.2 NAME Colby, John
5.3 STREET ADDRESS 105 Mill Stone Cove
5.4 CITY-ST-ZIP GRESTVIEW, FL 32539
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)