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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 741820 (5) 1. Corporation Name COQUINA ISLE CONDOMINIUM ASSOCIATION, INC.					



Principal Place of Business 856 SCALLOP CT FT WALTON BEACH FL 32548		Mailing Address 856 SCALLOP CT FT WALTON BEACH FL 32548	
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3. Date Incorporated or Qualified 02/24/1978	
4. FEI Number 59-1884510	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
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9. Name and Address of Current Registered Agent STEWART RESORTS REALTY 970 GULFSHORE DR 321 HIGHWAY 98 EAST DESSIN FL 32541	
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10. Name and Address of New Registered Agent 81 Name Markham-Crawford Lue 82 Street Address (P.O. Box Number is Not Acceptable) 40 Naomi Markham-Crawford 83 634 Brookhaven Way 84 City Nieceville FL 85 Zip Code 32578	
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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 Naomi D. Markham-Crawford - Naomi D. Markham-Crawford Resident 4/15/98
(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 DELCambre, IRVIN <input checked="" type="checkbox"/> DELETE
NAME	8419 BEECH CT
STREET ADDRESS	LAFAYETTE LA
CITY-ST-ZIP	
TITLE	PD MOLINA, DINAH <input checked="" type="checkbox"/> DELETE
NAME	7 EASY ST
STREET ADDRESS	MILTON FL 32570
CITY-ST-ZIP	
TITLE	VPD JOHNSON, MARSHALL <input type="checkbox"/> DELETE
NAME	PO BOX 1182 N/A 1540 Woodland St NW
STREET ADDRESS	CULLMAN AL 35055
CITY-ST-ZIP	
TITLE	SD MURRAY, STACI <input checked="" type="checkbox"/> DELETE
NAME	856 SCALLOP CT #111
STREET ADDRESS	FT WALTON BCH FL
CITY-ST-ZIP	
TITLE	TD COLBY, JOHN <input type="checkbox"/> DELETE
NAME	105 MILL STONE COVE
STREET ADDRESS	CRESTVIEW FL
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D Troy Christmas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	122 River Hills Dr.
1.3 STREET ADDRESS	Jacksonville FL 32216
1.4 CITY-ST-ZIP	
2.1 TITLE	SD Joe Valdastry <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	856 Scallop Ct. Unit 222
2.3 STREET ADDRESS	F.W.B. - FL 32548
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	PD Norman Weiss - 5315 Roxford Ct. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P.O. Box 230926 Montgomery AL 36116
4.3 STREET ADDRESS	Montgomery AL 36125-0926
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: Norman Weiss
(Signature and typed or printed name of signing officer or director)

Date: _____ Daytime Phone: # 0076307

CR2E037 (10/97)