

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741820

1. Entity 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 32548-6706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1884510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARKHAM-CRAWFORD INC  
C/O NAOMI MARKHAM-CRAWFORD  
634 BROOKHAVEN WAY  
NICEVILLE FL 32578

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CHRISTMAS, TROY  
CITY-ST-ZIP 222 RIVER HILLS DR  
JACKSONVILLE FL 32216

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VPD  
STREET ADDRESS JOHNSON, MARSHALL  
CITY-ST-ZIP P.O BOX 1182 N/A, 1540 WOODLAND ST NW  
CULLMAN AL 35055

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS WEISS, NORMAN  
CITY-ST-ZIP POB 230926, 5315 REXFORD CT  
MONTGOMERY AL 36116

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS COLBY, JOHN  
CITY-ST-ZIP 105 MILL STONE COVE  
CRESTVIEW FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME STO  
STREET ADDRESS NAOMI MARKHAM  
CITY-ST-ZIP 634 Brookhaven way  
Niceville FL 32578  
CRAWFORD

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME AS  
STREET ADDRESS RAHE, Theodore D.  
CITY-ST-ZIP 327 ELDREDGE RD  
Ft Walton Beach FL 32547

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

*Theodore D. Rahe* Theodore D. Rahe 4/26/00 850 244 1815  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASST Secy Date Daytime Phone #

CR2E037 (9/99)