

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90142 022 ****61.25

0018677

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

00033880



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHRISTMAS, TROY 222 RIVER HILLS DR JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD JOHNSON, MARSHALL P O BOX 1182 N/A, 1540 WOODLAND ST NW CULLMAN AL 35055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WEISS, NORMAN POB 230926, 5315 REXFORD CT MONTGOMERY AL 36116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLBY, JOHN 105 MILL STONE COVE CRESTVIEW FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MARKHAM, NAOMI 634 BROOKHAVEN WAY NICEVILLE FL 32578	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS RAHE, THEODORE D 327 ELDREDGE ROAD FORT WALTON BEACH FL 32547	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Stack, John 101 Shannon Drive Andalusia, AL 36420	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1503 MT MEIGS RD MONTGOMERY, AL 36107	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Markham, Naomi 634 Brookhaven Way Niceville, FL 32578	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 647, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)