

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90027 029 \*\*\*\*61.25

**DOCUMENT # 741820**

1. Entity Name

**COQUINA ISLE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**856 SCALLOP CT  
 FT WALTON BEACH FL 32548**

**856 SCALLOP CT  
 FT WALTON BEACH FL 32548**

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 **TD** ☐ Delete  
 NAME **STACK, JOHN**  
 STREET ADDRESS **101 SHANNON DR**  
 CITY-ST-ZIP **ANDALUSIA AL 36420**

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

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

TITLE **PD** ☐ Change ☒ Addition  
 NAME **JOE VALIASTRI**  
 STREET ADDRESS **670 BIMINI RD**  
 CITY-ST-ZIP **SATELITE BCH, FL 32937**

TITLE **PD** ☒ Delete  
 NAME **WEISS, NORMAN**  
 STREET ADDRESS **1503 MT MEIGS RD**  
 CITY-ST-ZIP **MONTGOMERY AL 36116**

TITLE **VPD** ☐ Change ☒ Addition  
 NAME **JOYCE HOLLAND**  
 STREET ADDRESS **434 CARDINAL AV**  
 CITY-ST-ZIP **FWB, FL 32547**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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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:

*JOYCE HOLLAND*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date **4/22/02** Daytime Phone # **(850) 243-6570**

CR2E037 (9/01)