

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90365 035 \*\*\*\*61.25

**60023784**



|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # 741820</b><br>1. Entity Name<br>COQUINA ISLE CONDOMINIUM ASSOCIATION, INC.   |  |   |   |  |  |
| Principal Place of Business<br>856 SCALLOP CT<br>FT WALTON BEACH, FL 32548   |  |   | Mailing Address<br>856 SCALLOP CT<br>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<br>59-1884370  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable             |  |
| 6. Name and Address of Current Registered Agent  |  |   | 7. Name and Address of New Registered Agent                                       |  |  |
| CORSENTINO, CHARLES A<br>1114 SANTA ROSA BLVD<br>FORT WALTON BEACH, FL 32548   |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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. I am familiar with, and accept the obligations of registered agent.  |  |   |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |   |   |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   | <b>Make check payable to</b><br><b>Florida Department of State</b> |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>CRAWFORD, NAOMI<br>1652 ST IVES BLVD<br>ALCOA, TN 37701              | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | PD<br>DENNIS RATER<br>856 SCALLOP CT #201<br>FORT WALTON Bch, FL 32548 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>DIAL, DIANE<br>856 SCALLOP CT, # 221<br>FORT WALTON BEACH, FL 32548 | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | VPD<br>TOM MARR<br>1234 AIRPORT Rd Ste 121<br>DESTIN, FL 32541         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>NEWTON, JANET<br>644 MERIONETH DR<br>FORT WALTON BEACH, FL 32547     | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | STD<br>NIKKI WEBB<br>5 774 STREET<br>SHALMAR, FL 32579                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |  |   |   |  |  |
| <b>SIGNATURE:</b> <u>Dennis F. Rater</u> <b>DENNIS F. RATER</b> 3/31/06 (850) 585-7343   |  |   |   |  |  |