

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90017 014 ****61.25

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1884370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORSENTINO, CHARLES A
1114 SANTA ROSA BLVD
FORT WALTON BEACH FL 32548

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ROTTER, DENNIS
STREET ADDRESS 856 SCALLOP CT., #201
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE VPD ☐ Delete
NAME MARR, TOM
STREET ADDRESS 1234 AIRPORT RD., SUITE 121
CITY-ST-ZIP DESTIN FL 32541

TITLE STD ☒ Delete
NAME WEBB, NIKKI
STREET ADDRESS 5 7TH STREET
CITY-ST-ZIP SHALIMAR FL 32579

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME RITTER, DENNIS
STREET ADDRESS 113 MAGNOLIA AVE S.E.
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

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

TITLE STD ☐ Change ☒ Addition
NAME HOLMES, JULIA
STREET ADDRESS 184 N.E. EGLIN PKWY
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

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

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

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 exemptions contained in Section 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.

SIGNATURE: *Dennis J. Ritter* PRESIDENT 2/23/07 (850) 585-7343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #