

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

07-26-2006 90030 020 ***61.25
744814

DOCUMENT # 744814 1. Entity Name LA COQUINA BEACH CONDOMINIUM ASSOCIATION OF MANASOTA KEY, INC.						FILED 06 JUL 27 PM 4:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 2800 N. BCH RD. ENGLEWOOD FL 34223				Mailing Address 2800 N. BCH RD. ENGLEWOOD FL 34223 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent WOLINER, LISA BECKER & POLIAKOFF, P.A. 630 S. ORANGE AVE., 3RD F. SARASOTA FL 34236				7. Name and Address of New Registered Agent Name Antares Group Inc. Street Address (P.O. Box Number is Not Acceptable) 4145 S. Miami Trail, PMB #173 City Venice FL Zip Code 34295			
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 Cynthia C. Kroneaker CYNTHIA C. KRONEAKER 07.24.06 Signature, typed or printed name of registered agent and date of signature. (NOTE: Registered Agent signature required when used.)							
FILE NOW. FEE IS \$61.25 Due By May 1, 2006				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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE VD ☐ Delete NAME RAMM, DUANE STREET ADDRESS PO BOX 166 CITY-ST-ZIP COVESVILLE VA 22931				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE PD ☐ Delete NAME ENO, PAUL STREET ADDRESS 515 QUARTERLINE RD CITY-ST-ZIP NEWAYGO MI 49337				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE TD ☐ Delete NAME STUMP, STEVE STREET ADDRESS 1900 GARNETT COURT CITY-ST-ZIP NEW LENOX IL 60451				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE SD ☒ Delete NAME NEWCOMER, ANDREA STREET ADDRESS 346-A W. LEGEND CT. CITY-ST-ZIP HIGHLAND HEIGHTS OH 44143				TITLE ☐ Change ☒ Addition NAME Lee Anderson STREET ADDRESS 808 King Henry Lane CITY-ST-ZIP Saint Charles, IL 60174			
TITLE D ☐ Delete NAME FUGETT, JULIE STREET ADDRESS 1449 LONGOAK DR. N. CITY-ST-ZIP LAKELAND FL 33811				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE D ☒ Delete NAME LUNDEN, DONALD STREET ADDRESS 845 SHOEMAKER LANE CITY-ST-ZIP FEEDING HILLS MA				TITLE ☐ Change ☒ Addition NAME David Lyne STREET ADDRESS 48 Robin Ridge Drive CITY-ST-ZIP Feeding Hills, MA 01030			
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: Stephen Stump STEPHEN STUMP 07.25.06 941-484-7900							