


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90065 024 ****61.25

DOCUMENT # 744814 1. Entity Name LA COQUINA BEACH CONDOMINIUM ASSOCIATION OF MANASOTA KEY, INC.					
Principal Place of Business 2800 N. BCH RD. ENGLEWOOD, FL 34223				Mailing Address 2800 N. BCH RD. ENGLEWOOD, FL 34223	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address Antares Group, Inc. Suite, Apt. #, etc. 4195 S. Tamiãmi Trail, City & State Venice, FL PMB #173 Zip 34293 Country USA			
Suite, Apt. #, etc.		4. FEI Number 59-2109954			
City & State		Applied For <input type="checkbox"/> Not Applicable			
Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Country		6. Name and Address of Current Registered Agent ANTARES GROUP, INC. 4195 S TAMIAMI TRAIL PMB #173 VENICE, FL 34205 34293			
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Guadalupe C. Krumaker</i></u> <u><i>Guadalupe C. Krumaker</i></u> <u>03.21.07</u> <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMM, DUANE PO BOX 166 COVESVILLE, VA 22931	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENO, PAUL 515 QUARTERLINE RD NEWAYGO, MI 49337	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STUMP, STEVE 1900 GARNETT COURT NEW LENOX, IL 60451	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDERSON, LEE 808 KING HENRY LANE SAINT CHARLES, IL 60174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUGETT, JULIE 1449 LONGOAK DR. N. LAKELAND, FL 33811	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNE, DAVID 48 ROBIN RIDGE DRIVE FEEDING HILLS, MA 01030	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mudd, Charles 222 Westwind Drive Placida, FL 33946	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 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.					
SIGNATURE: <u><i>Duane Ramm</i></u> <u><i>Vice President</i></u> <u>3/21/07</u> <u>941-473-9237</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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