


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90086 039 ****61.25

DOCUMENT # 745253 1. Entity Name COQUINA SANDS ASSOCIATION, INC.					
Principal Place of Business 1520 NAUTILUS RD NAPLES, FL 34102 US			Mailing Address PO BOX 423 NAPLES, FL 34106 US		
2. Principal Place of Business 690 BANYAN CIRCLE Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.			
City & State NAPLES FLORIDA		City & State		4. FEI Number 02-6275483	
Zip 34102		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUITTE, SARAH 1520 NAUTILUS RD NAPLES, FL 34102			7. Name and Address of New Registered Agent Name CAMERON, MONICA Street Address (P.O. Box Number is Not Acceptable) 690 BANYAN CIRCLE City NAPLES FL Zip Code 34102		
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 Monica Cameron, President Monica Cameron 1/30/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHROCK, DENISE <input checked="" type="checkbox"/> Delete 644 CORAL DR. NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. MAYER, JIM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1690 IXORA DR NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARALDSEN, MAJA <input type="checkbox"/> Delete 1545 MUREX DR. NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Huff, Susan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1435 Crayton Rd. Naples, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SITTA, SALLY <input type="checkbox"/> Delete 646 ORCHID DR NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bliven, kee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 595 CORAL DR. Naples, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATT-MAYBERRY, DIANE <input type="checkbox"/> Delete 470 BANYAN BLVD NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATCHELDER, Barrie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1680 Crayton Rd Naples, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMERON, MONICA <input checked="" type="checkbox"/> Delete 690 BANYAN CIRCLE (Now President?) NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IBARRA, FRANK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1500 MUREX DR NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUITTE, SARAH <input type="checkbox"/> Delete 1520 NAUTILUS DR. Change to Director NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lambrecht, Paul <input type="checkbox"/> Change <input type="checkbox"/> Addition 500 YUCCA Road Naples, FL 34102	
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: Monica Cameron Monica Cameron 1/20/05 2392538200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					


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Continued

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ATTACHMENT

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TITLE	DS	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHROCK, DENISE		NAME	MORRIS, Kathy	
STREET ADDRESS	644 CORAL DR.		STREET ADDRESS	480 Yucca Rd	
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARALDSEN, MAJA		NAME		
STREET ADDRESS	1545 MUREX DR.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SITTA, SALLY		NAME		
STREET ADDRESS	646 ORCHID DR		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATT-MAYBERRY, DIANE		NAME		
STREET ADDRESS	470 BANYAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	VP P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMERON, MONICA		NAME		
STREET ADDRESS	690 BANYAN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTE, SARAH		NAME		
STREET ADDRESS	1520 NAUTILUS DR.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
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SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #