2006 NOT-FOR-PROFIT CORPORATION

Jan 23, 2006 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT #745253** 01-23-2006 90047 049 ****61 25 1. Entity Name COQUINA SANDS ASSOCIATION, INC. Principal Place of Business Mailing Address PO BOX 423 690 BANYAN CIRCLE NAPLES, FL 34106 NAPLES, FL 34102 US 2. Principal Place of Business 3. Mailing Address San c Same Suite, Apt. #, etc. Suite, Apt. #, etc. 01122006 Chg-NP CR2E037 (11/05) 4. FEI Number 02-6275483 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Same CAMERON, MONICA Street Address (P.O. Box Number is Not Acceptable) 690 BANYAN CIRCLE NAPLES, FL 34102 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. meron SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. VP TITLE TITLE ☐ Change Addition ☐ Delete GAIL HODDINGT MAYER, JIM NAME NAME 692 BANYAN BLUD STREET ADDRESS **1690 IXORA DR** STREET ADDRESS NAPLES, FL 34102 CITY-ST-ZIP CITY-ST-78 NAPLES FL 34102 Addition TITLE Delete TITLE Change HARALDSEN, MAJA SUSAN HUFF NAME NAME 1435 CRAYTON RD 1545 MUREX DR. STREET ADDRESS STREET ADDRESS NAPLES, FL 34102 CITY-ST-ZIP CITY-ST-ZIP 34102 NAPLES FL ☐ Delete TITLE ☐ Change Addition TITLE CONNIE HUNZ NAME NAME SITTA, SALLY 525 CORAL DA 646 ORCHID DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP NAPLES, FL 34102 ☐ Delete ☐ Change Addition TITLE TITLE BARRIE BATCHECDER HATT-MAYBERRY, DIANE NAME NAME 1680 CRAYTEN RD STREET ADDRESS 470 BANYAN BLVD STREET ADDRESS NAPLES FL 3410Z CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change **ZLAddition** CAMERON, MONICA NAME NAME MARTHA IBARRA 1500 MUREY DR 690 BANYAN CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP NAPLES, FL 34102 CUTY-ST-7IP VARLES, FL 3410 Z Delete Z Addition ☐ Change TILE TITLE KAY MITSCHELE NAME **GUITE', SARAH** NAME 1650 CANYTON RD STREET ADDRESS 1520 NAUTILUS DR. STREET ADDRESS

FILED

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.

CITY-ST-ZIP

NAPLES FL 34102

SIGNATURE:

NAPLES, FL 34102

CETY-ST-ZIP

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Page 20F2 DOCUMENT(#745253 COQUINA SANDS ASSOCIATION, INC. ATTACHMENT 6000 5052 Principal Place of Business Mailing Address 690 BANYAN CIRCLE PO BOX 423 NAPLES, FL 34106 US NAPLES, FL 34102 2. Principal Place of Business Same 3. Mailing Address Same Suite, Apt. #, etc. Suite, Apt. #, etc. 01132006 CR2E037 (11/05) Chg-NP City & State City & State 4. FEI Number 02-6275483 Applied For Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAMERON, MONICA Street Address (P.O. Box Number is Not Acceptable) 690 BANYAN CIRCLE NAPLES, FL 34102 City 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. Cameron) Prosident SIGNATURE 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Addition ☐ Delete TITI F Change NAME MAYER, JIM NAME GLIZABETH WENDT-KELLAR STREET ADDRESS 1690 IXORA DR STREET ADDRESS 693 CORAL DRIVE NAPLES, FL 34102 CITY-ST-ZIP CITY-ST-ZIP NAPLES EL 34102 TITLE Delete 🖒 ☐ Change Addition ARLENE GARRITY HARALDSEN, MAJA NAME NAME STREET ADORESS **1545 MUREX DR.** 1540 IXORA DRIVE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP NAPLES FL. 34102 TITLE ☐ Delete TITLE Change Addition NAME SITTA, SALLY NAME STREET ADDRESS 646 ORCHID DR STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP ПЛΕ Delete TITLE Change ☐ Addition HATT-MAYBERRY, DIANE NAME NAME 470 BANYAN BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP ☐ Delete me ☐ Change ☐ Addition CAMÉRON, MONICA NAME NAME 690 BANYAN CIRCLE STREET ADDRESS STREET ADDRESS MY-ST-7P NAPLES, FL 34102 CITY-ST-ZIP TITE F ☐ Delete 11TI F ☐ Change ■ Addition **GUITE', SARAH** NAME STREET ADDRESS 1520 NAUTILUS DR. STREET ADDRESS NAPLES, FL 34102 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.