2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90048 044 ****61.25

DOCUMENT # 745253

1. Entity Name
COQUINA SANDS ASSOCIATION, INC.

Principal Place of Business
690 BANYAN CIRCLE
NAPLES, FL 34102 US

Mailing Address
PO BOX 423
NAPLES, FL 34106 US

600330031

2. Principal Place of Business - No P.O. Box #
1690 IXORA DRIVE
Suite, Apt. #, etc.

3. Mailing Address
~~STATE~~ 1690 IXORA DRIVE
Suite, Apt. #, etc.

03122007 Chg-NP CR2E037 (12/06)

City & State: NAPLES, FL
Zip: 34102 Country: USA

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Zip: 34102 Country:

4. FEI Number 02-6275483 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAMERON, MONICA
690 BANYAN CIRCLE
NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name: JIM MAYER
Street Address (P.O. Box Number is Not Acceptable): 1690 IXORA DRIVE
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: [signature] DATE: 3/12/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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	VP	☐ Delete
NAME	MAYER, JIM	
STREET ADDRESS	1690 IXORA DR	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	D	☐ Delete
NAME	HARALDSEN, MAJA	
STREET ADDRESS	1545 MUREX DR.	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	T	☐ Delete
NAME	SITTA, SALLY	
STREET ADDRESS	646 ORCHID DR	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	D	☒ Delete
NAME	HATT-MAYBERRY, DIANE	
STREET ADDRESS	470 BANYAN BLVD	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	P	☐ Delete
NAME	CAMERON, MONICA	
STREET ADDRESS	690 BANYAN CIRCLE	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	D	☐ Delete
NAME	MUNZ, CONNIE	
STREET ADDRESS	525 CORAL DR	
CITY-ST-ZIP	NAPLES, FL 34102	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☒ Change ☐ Addition
NAME	JIM MAYER	
STREET ADDRESS	1690 IXORA DRIVE	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	VP	☐ Change ☒ Addition
NAME	ELIZABETH WENDT-KELLAR	
STREET ADDRESS	693 CORAL DRIVE	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	D	☐ Change ☒ Addition
NAME	MARIA SAEZ	
STREET ADDRESS	1451 MUREX DRIVE	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	D	☐ Change ☒ Addition
NAME	MARTHA IBARRA	
STREET ADDRESS	1500 MUREX DRIVE	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	D	☒ Change ☐ Addition
NAME	MONICA CAMERON	
STREET ADDRESS	690 BANYAN CIRCLE	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	S	☐ Change ☒ Addition
NAME	GLORIA KOVACS	
STREET ADDRESS	677 BANYAN BLVD	
CITY-ST-ZIP	NAPLES, FL 34102	

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: [signature] (JIM MAYER) 3/12/07 239-659-6121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #