


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90208 042 \*\*\*\*61.25

**DOCUMENT # 754198**

1. Entity Name  
**COQUINA MOORINGS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**5500 MARINA DRIVE**      **5500 MARINA DRIVE**  
**HOLMES BEACH, FL 34217 US**      **HOLMES BEACH, FL 34217 US**

**60030933**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01232006    Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
**59-2634178**      Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HEROLD, JR., WILLIAM M.</b> <b>5500 MARINA DR.</b> <b>HOMES BEACH, FL 34217</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 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	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, WM			NAME			
STREET ADDRESS	7 PARKVIEW CT			STREET ADDRESS			
CITY-ST-ZIP	WHITE PLAINS, NY 10603			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHISNANT, LUCILA			NAME			
STREET ADDRESS	4511 PINFISH LANE			STREET ADDRESS			
CITY-ST-ZIP	PALMETTO, FL 34221			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CICONE, RICK			NAME			
STREET ADDRESS	1916 BOULDER DR			STREET ADDRESS			
CITY-ST-ZIP	ANN ARBOR, MI 48104			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: Lucila Whisnant      Date: 4/22/06      Daytime Phone #: 941-722-5041