
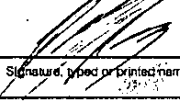
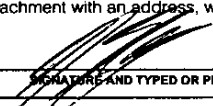


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90014 038 \*\*\*\*70.00

<b>DOCUMENT # 756793</b>					
<b>1. Entity Name</b> COQUINA BEACH RESORT ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1003 GULF DR S BRADENTON, FL 34217 US			<b>Mailing Address</b> 8123 QUAIL GREENS TERR BRADENTON, FL 34212 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 10-1189820	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
JAY, WILLIAM E 8123 QUAIL GREENS TERRACE BRADENTON, FL 34212			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE  DATE <u>3/17/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P	<b>NAME</b> ALFONSO, MAYRA		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 9926 SW 129TH ST	<b>CITY - ST - ZIP</b> MIAMI, FL 33176		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> VP	<b>NAME</b> JAY, COLETTE		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 8123 QUAIL GREENS TERRACE	<b>CITY - ST - ZIP</b> BRADENTON, FL 34212		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> S	<b>NAME</b> ZITO, ANNE		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 1003 GULF DR SOUTH	<b>CITY - ST - ZIP</b> BRADENTON BEACH, FL 34217		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> T	<b>NAME</b> GUARINO, NICK		<input checked="" type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 9150 GAGE ST	<b>CITY - ST - ZIP</b> FRANKLIN PARK, IL 60131		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D	<b>NAME</b> JAY, WILLIAM E		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 8123 QUAIL GREENS TERRACE	<b>CITY - ST - ZIP</b> BRADENTON, FL 34212		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b>  <u>3/17/07</u> <u>941 315 0908</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					