2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jan 09, 2003 8:00 am Secretary of State DOCUMENT # 756793 01-09-2003 90074 022 ****61.25 1. Entity Name COQUINA BEACH RESORT ASSOCIATION, INC. Mailing Address Principal Place of Business 111 7TH ST \$ 1003 GULF DR S STF 1 **BRADENTON FL 34217 BRADENTON FL 34217** US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For 4. FEI Number 10-1189820 City & State City & State Not Applicable \$8.75 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) BROWN, KATHY TTH ST S BRADENTON FL 34217 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. ☐ Addition Change ☐ Delete TITLE STD TITLE NAME **GUARINO, ANN** NAME STREET ADDRESS STREET ADDRESS 9150 GAGE ST CITY-ST-ZIP CITY-ST-ZIP FRANKLIN PARK IL 60131 ☐ Addition Change ☐ Delete TITLE VPD TITLE ZITO, ANNE M. NAME NAME STREET ADDRESS STREET ADDRESS 1003 GULF DR S CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34217** ☐ Addition ☐ Delete TITLE TITLE NAME BROWN, KATHY 111-7th 5+5. NAME STREET ADDRESS STREET ADDRESS 469 7TH ST S CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34217 ☐ Addition ☐ Change TITLE Delete TITLE NAME **GUARINO, NICK** NAME STREET ADDRESS 9150 GAGE ST STREET ADDRESS CITY-ST-ZIP FRANKLIN PK IL 60131 CITY-ST-ZIP Change Addition TITLE. ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE 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 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.

FILED