2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #758306



FILED Apr 07, 2006 8:00 am Secretary of State 04-07-2006 90025 031 ****61.25

COQUINA	A REEF CONDOMINIUM A	SSOCIATION, INC	<i>.</i> .							
205 HIGHLAND AVE % F 877-37TH AVENUE N. 877		877-37TH AVENUE	Mailing Address % Patricia B. Wilson 877-37TH AVENUE N. ST. PETERSBURG, FL 33704			1 (1111 1111	Hara 1818 - 1818 - 1818 - 1818 - 1818 - 1818 - 1818 - 1818 - 1818 - 1818 - 1818 - 1818 - 1818 - 1818 - 1818 -			## # 0 1 ##
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03272006	Chg-NP	CR2E03	7 (11/05)	
City & State		City & State				4. FEI Number 59-2228			\rightarrow	oplied For ot Applicable
Zip	Country	Zip	p Country			5. Certificate o	f Status Desired		8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent				7. Name and A	Address of New Re	gistered A	gent	
WILSON, PATRICIA B			Name							
877-37TH	AVENUE N RSBURG, FL 33704		Street Addres			ss (P.O. Box Number is Not Acceptable)				
				City Zip Code						
· · · · · · · · · · · · · · · · · · ·								FL		
8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing	g its registere	ed office or req	gistere	ed agent, or both	, in the State of Flor	ida. I am fa	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered	d Agent signature re	y beriupe	when reinstating)		DATE		
							<u> </u>			
	Filing Fee is \$61.25 Due by May 1, 2006		Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees		ke check la Departi		
10.	OFFICERS AND DI	RECTORS	11.			DDITIONS/CHA	NGES TO OFFICER	S AND DIR	ECTORS IN	l 10
TITLE	PD FDED	🙉 Delete	TITLE	1	D				Change	Addition
NAME STREET ADDRESS	RELAND, FRED 204 TERRACE COURT		NAMI			eph Nie				
CITY-ST-ZIP	GRAND BLANC, MI 49439			14			ke Ave.			
TITLE	STD	Delete	TITLE			ford.DE	19973		☐ Change	Addition
NAME	DIEGO, CASO JR	Part Descre	NAME	ب ا	TD	0200			□ cuantae	Ed vocation
STREET ADDRESS	5339 HANSEL AVE C15		STREE	ET ADDRESS 5	339	9 Hanse	1 Ave.C1	5		
CITY-\$1-ZIP	ORLANDO, FL 32809		CITY-			ando, F				
TITLE	D	Delete	TITLE	I					Change	Addition
NAME	PARASCHOS, SAM		NAME	E R	Ļ	inda Da	vis			
STREET ADDRESS CITY-ST-ZEP	5122 PERSIMMON TRAIL CLIO, MI 48420							# 9	.	
	CEIO, MII 40420			D	grac	denton	Beach F	<u>L 343</u>		
TITLE NAME		☐ Delete	TITLE NAME	1				•	Change	☐ Addition
STREET ADDRESS				ET ADORESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Defete	TITLE	:					Change	☐ Addition
NAME			NAME	ε						
STREET ADDRESS				ET ADORESS						
CITY-ST-ZIP			CITY-	-ST-ZIP						
TITLE		☐ Delete	TITLE	1					Change	☐ Addition
NAME Street address			NAME	E Et address						
CITY-ST-ZIP				-ST-ZIP						
12. I hereby d	ertify that the information supplied with	this fiting does not qualify			ained i	n Chanter 110	Florida Statutoe 16	other certifi	that the in	tomation
indicated	on this report or supplemental report is	itue and accurate and th	at my signati	ure shall have	the sa	ame legal effect	as if made under ca	ith: that I an	n 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: AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR