## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 12, 2008 8:00 am Secretary of State **DOCUMENT # 810735** 1. Entity Name 05-12-2008 90029 042 \*\*\*\*61.25 LA COQUINA INC Principal Place of Business Mailing Address 1956 S OCEAN LANE FORT LAUDERDALE FL 33316 1956 S OCEAN LANE FORT LAUDERDALE FL 33316 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-0782642 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CROTHALL, KATHERINE 1956 S OCEAN LANE FORT LAUDERDALE FL 33316 8. The above named entity submits this statement for the purpose of changing its registered office or registered age. the obligations of registered agent SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15 11. TITLE Change Delete MOORMAN, ROBERT B EE LATFERTY - BROH-KAHN NAME NAME 1956 S. OCEAN LAÑE STREET ADDRESS STREET ADDRESS 1956 S. OCEAN LANE CITY-ST-ZIP FORT LAUDERDALE FL 33316 CITY-ST-ZIP Fl. Landevolale, FL KOC TITLE Delete TITLE ☐ Addition CROTEHALL, KATHERINE NAME NAME 1956 SOUTH OCEAN LANE STREET ADDRESS STREET 400RESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 City-St-ZiP ☐ Delete TITLE ☐ Change ☐ Addition GABLE, JOHN ---1956 S OCEAN LANE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33316 City-St-7iP CITY-ST-ZiP TITLE ☐ Defete TITLE ☐ Change ☐ Addition JOHNSON, WILLIAM NAME NAME STREET ADDRESS 1956 S. OCEAN LANE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 CITY-ST-ZIP ח TITLE ☐ Dalete TITLE ☐ Change ☐ Addition HOLMES, HANK 1956 S. OCEAN LANE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33316 CITY-ST-ZIP CITY-ST-ZiP THE Use\_ ☐ Dalete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurrate 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 fursitee 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:

TREASURER

**FILED**