

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90075 008 \*\*\*\*70.00

**DOCUMENT # N02000004913**

**1. Entity Name**  
**COQUINA BAY HOMEOWNERS ASSOCIATION, INC.**



**Principal Place of Business**  
3490 NORTH US HWY 1  
COCOA, FL 32926

**Mailing Address**  
3490 NORTH US HWY 1  
COCOA, FL 32926

**20017626**



01132005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
65-1195633

**Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SOILEAU, JOHN L  
3490 NORTH US HWY 1  
COCOA, FL 32926

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**Filing Fee is \$61.25  
Due by May 1, 2005**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PD
<b>NAME</b>	SCALERA, DOMINIC J JR.
<b>STREET ADDRESS</b>	1739 ROCKLEDGE DRIVE
<b>CITY-ST-ZIP</b>	ROCKLEDGE, FL 32955
<b>TITLE</b>	SVTD
<b>NAME</b>	SCALERA, FRANCES H
<b>STREET ADDRESS</b>	1739 ROCKLEDGE DRIVE
<b>CITY-ST-ZIP</b>	ROCKLEDGE, FL 32955
<b>TITLE</b>	D
<b>NAME</b>	SCALERA, JEFFERY C
<b>STREET ADDRESS</b>	155 COQUINA DRIVE
<b>CITY-ST-ZIP</b>	COCOA, FL 32922
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-321-632-0558