

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004511

FILED
Jan 04, 2010
Secretary of State

Entity Name: COQUINA CROSSING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5524 LASERENIDAD LN.
ELKTON, FL 32033 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 42
ELKTON, FL 32033 US

New Mailing Address:

FEI Number: 20-2202053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOREEN, W RICHARD
800 MAITLAND AVE
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: GREEN, TOMMY
Address: 4786 COQUINA CROSSING DRIVE
City-St-Zip: ELKTON, FL 32033

Title: VPD
Name: NAPPER, WILLIAM
Address: 4936 LOS ALTOS CIRCLE
City-St-Zip: ELKTON, FL 32033

Title: SD
Name: SABATINI, DONALD
Address: 4967 COQUINA CROSSING DR.
City-St-Zip: ELKTON, FL 32033

Title: TD
Name: FRANK, ROBERT
Address: 5524 LASERENIDAD LN.
City-St-Zip: ELKTON, FL 32033

Title: D
Name: HOGAN, BOBBY
Address: 4931 COQUINA CROSSING DR.
City-St-Zip: ELKTON, FL 32033

Title: D
Name: STONER, CHARLES
Address: 5116 AMERICO LN.
City-St-Zip: ELKTON, FL 32033

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT J. FRANK

TREA

01/04/2010

Electronic Signature of Signing Officer or Director

Date