

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000004511

**FILED**  
**Oct 20, 2014**  
**Secretary of State**

**Entity Name:** COQUINA CROSSING HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4931 COQUINA CROSSING DR.  
ELKTON, FL 32033 US

**New Principal Place of Business:**

4053 CASA GRANDE COURT  
ELKTON, FL 32033 US

**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 (X)**

**Name and Address of Current Registered Agent:**

COLLING, LEE JAY  
529 VERSAILLES DRIVE  
103  
MAITLAND, FL 32751 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:** LEE JAY COLLING

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

**Title:** D  
**Name:** NICKEL, TIMOTHY  
**Address:** 6050 LAS NUBES TERRACE  
**City-St-Zip:** ELKTON, FL 32033

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

**Title:** TD  
**Name:** CADIGAN, JAMES  
**Address:** 4053 CASA GRANDE CT  
**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:** JAMES CADIGAN

TD

10/20/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date