1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04649

1. Corporation Name

COQUINA VILLAGE OWNERS' ASSOCIATION, INC.

Principal Place of Business 14110 PERDIDO KEY DRIVE PENSACOLA FL 32507

2. Principal Place of Business

Suite Ant. #, etc.

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

2946 CORAL STRIP PKWY GULF BREEZE FL 32561

FILED Apr 22, 1999 8:00 am § Secretary of State

04-22-1999 90020 004 ****61.25



Applied For

Date Incorporated or Qualifed

08/10/1984

4. FEI Number

22	.,	27]				59-3316370		Not	Applicable	
City & State			City & State						\$8.75 AG	dditional	
23	* * *# -	28] · ·-	۔ خ		5. (Certifcate of Status Desired	,□	Fee Req	uired	
Zip	Country	- 	Zip	Country		6. E	Election Campaign Financing		\$5.00 N	May Be	
24	25	29	30	ו		1	Trust Fund Contribution	, _□		d to Fees	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				81	Name						
TIBBITS, WILLIAM M					Street Ar	ddress (P (O. Box Number is Not Accep	ntable)			
2946 CORAL STRIP PKWY					Ollocia		o. Dox (1011) Dox (0 1011) Dox				
GULF BREEZE FL 32561											
den brieben in deserv					City				85 Zip C	ode	
				84	City			FL	. 55 2.00		
11. Pursuant	to the provisions of Sections 617.05	02 and	617.1508, Florida Statutes,	the above	-named co	corporation	submits this statement for th	e purpose of	changing its r	egistered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obligi	of Flor	rida. Such change was auth	onzed by	the corpora	ration's boa	and of directors. I hereby acc	ept the appoi	ntment as reg	Istered	
-	Il lattillat with and accept the obligi	2110110	,, 0000011 0 17 10000, 1 101101		-						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND DIRECTORS			13.		Al	DDITIONS/CHANGES TO O	FFICERS AN			
TITLE	PD		☐ DELETE	1.1 TITLE					Change	Addition	
NAME	TIBBITS, WILLIAM M			1.2 NAME							
STREET ADDRESS	REET ADDRESS 2946 CORAL STRIP PKWY				3 STREET ADDRESS						
CITY-ST-ZIP	GULF BREEZE FL 32561-2635			1.4 CITY-S	T- ZIP						
TITLE	STD		☐ DELETE	2.1 TITLE					☐ Change	☐ Addition	
NAME	TIBBITS, LINDA C			2.2 NAME							
STREET ADDRESS	2946 CORAL STRIP PKWY			2.3 STREE	ADDRESS						
CITY-ST-ZIP	GULF BREEZE FL 32561-2635			2.4 CITY-S	T-ZIP						
TITLE	D		DELETE -	3.1 TITLE			•		· Change	Addition	
NAME	MOOREHEAD, STEPHEN R			3.2 NAME							
STREET ADDRESS	4300 BAYOU BLVD. SUITE 12	& 13		3.3 STREE	ADDRESS						
CITY-ST-ZIP	PENSACOLA FL 32503-1009			3.4. CITY-S	T-ZIP						
TITLE			☐ DELETE	4.1 TITLE	1				Change	Addition	
NAME		•		4. 2 NAME						ŀ	
STREET ADDRESS				4.3 STREE	FADDRESS .					į	
CITY-ST-ZIP				4.4 CITY-S	T-ZIP						
TITLE			☐ DELETE	5.1 TITLE					Change	☐ Addition	
NAME.				5.2 NAME						1	
STREET ADDRESS				5.3 STREE	TADDRESS						
CITY-ST-ZIP				5.4 CITY-S	T-ZIP				<u></u>		
TITLE			☐ DELETE	6.1 TITLE					Change	Addition	
NAME				6.2 NAME						Ì	
STREET ADDRESS				6.3 STREE	ADDRESS						
CITY-ST-ZIP (*- 3	رياض على المناشر			6.4 CITY-S							
14I hereby o	ertify that the information supplied v	ith this	filing does not qualify for th	e exempt	on stated i	in Section	119.07(3)(i), Florida Statutes	s. I further ce	tify that the in	formation	

1. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

STACHA I CHE STEULUI POZZO A

4/19/99

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