

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 28, 2007 8:00 am**  
**Secretary of State**

08-28-2007 90024 039 \*\*\*\*61.25

**DOCUMENT # N04649**  
 1. Entity Name  
 COQUINA VILLAGE OWNERS' ASSOCIATION, INC.



Principal Place of Business: 14110 PERDIDO KEY DRIVE, PENSACOLA FL 32507  
 Mailing Address: PO BOX 34368, PENSACOLA FL 32507, US



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number: 59-3316370  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 NADOLNY, REBECCA  
 13430 GULF BEACH HIGHWAY  
 SUITE 5  
 PENSACOLA FL 32507

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: TIBBITS, WILLIAM M STREET ADDRESS: 2946 CORAL STRIP PKWY CITY-ST-ZIP: GULF BREEZE FL 32561-2635	<input type="checkbox"/> Delete
TITLE: D NAME: BEALL, JULLIAN STREET ADDRESS: 14110 PERDIDO KEY DR H CITY-ST-ZIP: PENSACOLA FL 32507	<input type="checkbox"/> Delete
TITLE: VP NAME: HAWKINS, ALLAN STREET ADDRESS: 13430 GULF BEACH HIGHWAY CITY-ST-ZIP: PENSACOLA FL 32507	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: STEWART, DAVID STREET ADDRESS: 12390 BEDELL DR CITY-ST-ZIP: PENSACOLA FL 32506	<input type="checkbox"/> Delete
TITLE: ST NAME: CUDD, KAREN STREET ADDRESS: 1887 INNRRARITY POINT ROAD CITY-ST-ZIP: PENSACOLA FL 32507	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: DENTON, DAN STREET ADDRESS: PO BOX 1637 CITY-ST-ZIP: ORANGE BEACH AL 36561	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: Tibbits William M STREET ADDRESS: 2946 Coral Strip Pkwy CITY-ST-ZIP: Gulf Breeze, FL 32561-2635	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: President NAME: <del>Tibbits</del> Syllus, Steve STREET ADDRESS: 280 Weeping Willow Way Tyronne, GA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Sect Tr NAME: Camp, Ardeth STREET ADDRESS: #3 Maya Ct Pensacola FL 32507	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Dir NAME: Steinecker Liz STREET ADDRESS: 3607 Nighthawk Lane Pensacola FL 32507	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 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] 4/20/07 850221-5291  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #