

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90508 048 ****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 553
GULF BREEZE FL 32562-0553
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3316370**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TIBBITS, WILLIAM M
2946 CORAL STRIP PKWY
GULF BREEZE FL 32561**

7. Name and Address of New Registered Agent

Name **STEINNECKER, ELIZABETH**

Street Address (P.O. Box Number is Not Acceptable)

5016 Chandelk Drive

City **Pensacola**

FL

Zip Code **32504**

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

Elizabeth A. Steinnecker

2/12/03

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

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	PD	<input type="checkbox"/> Delete
NAME	TIBBITS, WILLIAM M	
STREET ADDRESS	2946 CORAL STRIP PKWY	
CITY-ST-ZIP	GULF BREEZE FL 32561-2635	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TIBBITS, LINDA C	
STREET ADDRESS	2946 CORAL STRIP PKWY	
CITY-ST-ZIP	GULF BREEZE FL 32561-2635	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TIBBITS, CHARLES	
STREET ADDRESS	60 FT. PICKENS RD., LA CARIBE CONDO T-3	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEINNECKER, ELIZABETH	
STREET ADDRESS	5016 Chandelk Drive	
CITY-ST-ZIP	Pensacola FL 32504	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shelton, Jerry	
STREET ADDRESS	5000 Chandelk Drive	
CITY-ST-ZIP	Pensacola FL 32504	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEWART, DAVID	
STREET ADDRESS	14110 Perdido Key Drive O-1	
CITY-ST-ZIP	Pensacola FL 32507	

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:

Elizabeth A. Steinnecker

2/12/03

CR2E037 (10/02)