

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21456

**FILED**  
**Feb 20, 2010**  
**Secretary of State**

**Entity Name:** PROPERTY OWNERS ASSOCIATION OF COQUINA POINT, INC.

**Current Principal Place of Business:**

P. O.BOX 609  
MALABAR, FL 32950

**New Principal Place of Business:**

**Current Mailing Address:**

P. O.BOX 609  
MALABAR, FL 32950

**New Mailing Address:**

**FEI Number:** 59-2845564

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POWNALL, THOMAS  
3455 COQUINA TERRACE  
MALABAR, FL 32950 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: POWNALL, THOMAS  
Address: 3455 COQUINA TERR  
City-St-Zip: MALABAR, FL 32950

Title: VD  
Name: NELMS, JOSEPH  
Address: 3445 COQUINA TER  
City-St-Zip: MALABAR, FL 32950

Title: MA  
Name: MURRAY, JIM  
Address: 3485 COQUINA TERRACE  
City-St-Zip: MALABAR, FL 32950

Title: SD  
Name: CIARCIA, DANIEL  
Address: 3440COQUINA TERRACE  
City-St-Zip: MALABAR, FL 32950

Title: MA  
Name: KONTRAS, PAM  
Address: 2390 ROCKY POINT RD  
City-St-Zip: MALABAR, FL 32950

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: THOMAS POWNALL

PD

02/20/2010

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

\_\_\_\_\_  
Date