

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90220 024 ****61.25

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01102007 Chg-NP CR2E037 (12/06)

DOCUMENT # N24963 1. Entity Name COQUINA SHORES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2800 GULF BLVD. BELLEAIR BEACH, FL 33786			Mailing Address C/O AMERICA ONE REAL ESTATE 19823-C GULF BLVD. INDIAN ROCKS BEACH, FL 33785		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <u>1745 W. Fletcher Ave</u> Suite, Apt. #, etc.			
City & State Zip Country		City & State <u>Tampa, FL</u> Zip Country <u>33612</u> <u>USA</u>		4. FEI Number <u>59-2876732</u>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARCUS, PAULA 19823-C GULF BLVD. INDIAN SHORES, FL 33785			7. Name and Address of New Registered Agent Name <u>Michael S. Leeds</u> Street Address (P.O. Box Number is Not Acceptable) <u>1745 W. Fletcher Ave</u> City State Zip Code <u>Tampa</u> <u>FL</u> <u>33612</u>		
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 <u>[Signature]</u> DATE <u>1/10/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PUENTES, DAVID 775 SOUTH BROADWAY BARTOW, FL 33830	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEEDS, MICHAEL 1631 SHAGBARK PLACE TAMPA, FL 33618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>S/T/D</u> <u>Michael Leeds</u> <u>1745 W. Fletcher Ave</u> <u>Tampa, FL 33612</u>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LYND, ROBERT 2800 GULF BLVD. BELLEAIR BEACH, FL 33786	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KEARNS, KELLY 2800 GULF BLVD., #2C BELLEAIR BEACH, FL 33786	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>P/D</u> <u>Kelly Kaza</u> <u>2800 gulf Blvd, #2C</u> <u>Belleair Beach, FL 33786</u>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MYLES, HEATHER 2800 GULF BLVD. BELLEAIR BEACH, FL 33786	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>VP/D</u> <u>Sulic Carmichael</u> <u>2800 gulf Blvd, #1B</u> <u>Belleair Beach, FL 33786</u>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/10/07</u> Daytime Phone # <u>813-960-8154</u>		