## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 8:00 am Secretary of State

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DOCUMENT # N34679  1. Entity Name COQUINA POINT HOMEOWNERS ASSOCIATION, INC.				- I	05-01-2006 90343			
Principal Place of Business  883 WEST GRANADA BLVD  ORMOND BEACH, FL 32174 US  Mailting Address  P O BOX 730921  ORMOND BEACH, FL 32173-0921 US				1 LORINGE OFFE		I QIGII DIGII DIGII GAD	<b>       </b>	
2. Principal Place of Business 3. M		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252006	Chg-NP CR2	E037 (11/05)		
City & State		City & State		4. FEI Number 59-2994	855	<u> </u>	oplied For at Applicable	
Zip	Country	Zip	Country	5. Certificate of	Status Desired	\$8.75 Add	itional	
	6. Name and Address of Current	Registered Agent		7. Name and A	ddress of New Register	ed Agent		
DETTA, CASEY			Name					
	MOON DRIVE BEACH, FL 32174		Street Address		is Not Acceptable)			
			-0:			1 37 6.3		
			City			Zip Code	e	
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.							and accept	
						•		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signat	ture required when reinstating)	DA	TE	<del></del>	
SIGNATURE	Signature, typed or printed name of registered agent : Filling Fee is \$61.25	9. Election Camp	paign Financing	\$5.00 мау ве	Make ch	eck payable to		
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing Intribution.	\$5.00 May Be Added to Fees	Make ch Florida De	eck payable to partment of Si	tate	
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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: X SIGNATURE AND TYPED OR PROVIED NAME OF SIGNING OFFICER OR DIRECTOR X 4/27/DL 386-615-818