

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90029 011 \*\*\*\*61.25

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02102007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N34679</b> 1. Entity Name <b>COQUINA POINT HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>883 WEST GRANADA BLVD</b> <b>ORMOND BEACH, FL 32174 US</b>			Mailing Address <b>P O BOX 730921</b> <b>ORMOND BEACH, FL 32173-0921 US</b>		
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 <b>59-2994855</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>DETTA, CASEY</b> <b>8 CHINA MOON DRIVE</b> <b>ORMOND BEACH, FL 32174</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <u><i>Delta Casey</i></u> 2-12-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LINDHAM, HELEN</b> <input checked="" type="checkbox"/> Delete <b>54 COQUINA POINT</b> <b>ORMOND BEACH, FL 32174</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Lindholm, Helen</b> <b>54 Coquina Point, Florida 32174</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RIVARD, TODD</b> <input type="checkbox"/> Delete <b>37 COQUINA POINT DR</b> <b>ORMOND BEACH, FL 32174</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Delete <b>CASEY, DETTA</b> <b>8 CHINA MOON DR</b> <b>ORMOND BEACH, FL 32174</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S + VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Casey, DeTTA</b> <b>8 China Moon Dr</b> <b>Ormond Beach FL 32174</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>DUBNICEK, PATRICIA</b> <b>10 SAND POINT CIRCLE</b> <b>ORMOND BEACH, FL 32174</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Delete <b>MILTON, CHARLES</b> <b>50 COQUINA POINT DR</b> <b>ORMOND BEACH, FL 32174</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Milton, Rosaleen</b> <b>50 Coquina Point Drive</b> <b>Ormond Beach FL 32174</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MONROE, GAYLE</b> <b>36 COQUINA POINT DR</b> <b>ORMOND BEACH, FL 32174</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>32 Coquina Point DR.</b>	
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><i>Delta Casey</i></u> 2-12-07      (386) 676-0767 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					