## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34679

FILED Jan 10, 2009 Secretary of State

Entity Name: COQUINA POINT HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 883 WEST GRANADA BLVD ORMOND BEACH, FL 32174 US **Current Mailing Address: New Mailing Address:** P O BOX 730921 ORMOND BEACH, FL 321730921 US FEI Number: 59-2994855 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DETTA, CASEY CASEY, DEETTA 8 CHINA MOON DRIVE 8 CHINA MOON DRIVE ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 US US 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: DEETTA CASEY 01/10/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LINDHOLM, HELEN Name: Name: 54 COQUINA POINT Address: Address: City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: Title: Title: ( ) Delete () Change () Addition RIVARD, TODD Name: Name: Address: 37 COQUINA POINT DR Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: Title: SVP () Delete Title: (X) Change ( ) Addition CASEY, DEETTA WOODS, JASON Name: Name: 8 CHINAMOON DR Address: Address: 11 KATRINAS DRIVE City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174 Title: () Delete Title: (X) Change ( ) Addition DUBNICEK, PATRICIA Name: Name: RICHARDSON, JAY 10 SAND POINT CIRCLE 27 CHINA MOON DRIVE Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174 Title: () Delete Title: () Change () Addition MILTON, ROSALEEN Name: Name: 50 COQUINA POINT DR Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: Title: () Delete Title: () Change () Addition KELLER, MARY Name: Name: Address: 43 COQUINA POINT DR Address: ORMOND BEACH, FL 32174 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEETTA CASEY VPS 01/10/2009