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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000909

1. Corporation Name
COQUINA ISLE COMMON FACILITIES ASSOCIATION, INC.

Principal Place of Business
5752 VINTAGE OAKS CIRCLE
DELRAY BEACH FL 33444

Mailing Address
5752 VINTAGE OAKS CIRCLE
DELRAY BEACH FL 33444



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 LANG MGMT. CO., INC.		2a. Suite, Apt. #, etc.		02/14/1997	
22 5295 TOWN CENTER RD. #200		27		4. FEI Number	
23 BOCA RATON, FL		28 City & State		APPLIED FOR	
24 33486		25 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		29 Zip		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
		30 Country		Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COBER CORPORATE AGENTS, INC. 2801 SOUTH BAYSHORE DRIVE 19TH FLOOR MIAMI FL 33133				81 Name ISAACSON, WILLIAM K.			
				82 Street Address (P.O. Box Number is Not Acceptable) LANG MGMT. CO., INC			
				83 5295 TOWN CENTER RD. #200			
				84 BOCA RATON FL 85 33486			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [Signature] DATE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTIN, EUGENE N	1.2 NAME	
STREET ADDRESS	5752 VINTAGE OAKS CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEITZ, KENNETH	2.2 NAME	
STREET ADDRESS	5752 VINTAGE OAKS CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANOWSKI, STEVE	3.2 NAME	
STREET ADDRESS	5752 VINTAGE OAKS CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENZER, ALLEN	4.2 NAME	
STREET ADDRESS	6244D GRAYCLIFF DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHER, PAUL	5.2 NAME	
STREET ADDRESS	6244D GRAYCLIFF DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED 2/10/99 561-496-7899
Date Daytime Phone #

CR2E037-11198