


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N9700000909</b> 1. Entity Name <b>COQUINA ISLE COMMON FACILITIES ASSOCIATION, INC.</b>		
Principal Place of Business 21045 COMMERCIAL TRAIL BOCA RATON FL 33486		Mailing Address 21045 COMMERCIAL TRAIL BOCA RATON FL 33486
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Country



1st MOORE CR2E037 (10/06)

4. FEI Number <b>65-0875607</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  ISAACSON, WILLIAM K 21045 COMMERCIAL TRL BOCA RATON FL 33486	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: 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</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	BERNHARDT, LAWRENCE <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6302-D GRAYCLIFF DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	FEIN, LOUIS <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6277-D GRAYCLIFF DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	LEVY, SELMA <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6158-D ISLAND WALK	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	CHAVIS, PHYLLIS <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6245-C GRAYCLIFF DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	CITY-ST-ZIP	
TITLE	VPD	TITLE	
NAME	SCHER, PAUL <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6244D GRAYCLIFF DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	CITY-ST-ZIP	
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 817, 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:** *Paul Scher* Paul Scher President 3/07/07 566-998-9968