## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000000447

FILED Mar 15, 2009 Secretary of State

Entity Name: COQUINA PALMS HOMEOWNER'S ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 372417 271 COASTAL HILL DRIVE SATELLITE BEACH, FL 32937 SATELLITE BEACH, FL 32937 **Current Mailing Address: New Mailing Address:** P.O. BOX 372417 SATELLITE BEACH, FL 32937 FEI Number: 59-3490784 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: STEWART, FRANCIS M CPA 6939 N. WICKHAM RD MELBOURNE, FL 32940 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DST () Delete () Change () Addition FLAIG, PAUL Name: Name: 239 COASTAL HILL DR. Address: Address: City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 City-St-Zip: Title: D/S Title: (X) Change ( ) Addition ( ) Delete DST STERZIK, RUTH Name: STERZIK, RUTH Name: Address: 288 COASTAL HILL DRIVE Address: 288 COASTAL HILL DRIVE City-St-Zip: INDIAN HARBOUR BCH, FL 32937 City-St-Zip: INDIAN HARBOUR BCH, FL 32937 Title: DP (X) Delete Title: () Change () Addition LEMA, JOE Name: Name: 283 COASTAL HILL DRIVE Address: Address: City-St-Zip: INDIAN HARBOUR, FL 32937 City-St-Zip: (X) Change ( ) Addition Title: DV () Delete Title: DP Name: ALFORD, JUDITH Name: ALFORD, JUDITH Address: 259 COASTAL HILL DR. Address: 259 COASTAL HILL DR. City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 Title: () Delete Title: (X) Change ( ) Addition FREUNDL, JACK FREUNDL, JACK Name: Name: 284 COASTAL HILL DR. 284 COASTAL HILL DR. Address: Address: INDIAN HARBOUR BEACH, FL 32937 INDIAN HARBOUR BEACH, FL 32937 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: PAUL E. FLAIG DST 03/15/2009