

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

03-31-2005 90042 040 ***150.00

DOCUMENT # P03000107047																													
1. Entity Name COQUINA CAYE CONDOMINIUMS, INC.																													
Principal Place of Business 1299 FT PICKENS RD STE 8 PENSACOLA BCH FL 32561			Mailing Address 1299 FT PICKENS RD STE 8 PENSACOLA BCH FL 32561																										
2. Principal Place of Business			3. Mailing Address P.O. Box 51586																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																										
City & State			City & State NEW ORLEANS, LA.																										
Zip		Country		Zip 70151																									
Country		Country USA		4. FEI Number AP-PLIED FOR																									
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SCRUGGS, JAN 1299 FT PICKENS RD STE 8 PENSACOLA BCH FL 32561			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																										
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12. 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 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 607, 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: <i>Jan Scruggs</i>			2-15-05 504-247-0052																										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #																										