FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

RROFIT * CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90012 010 ***150.00

DOCUMENT # P98000021147

1. Corporat on Name

COQUINA CROSSING DEVELOPMENT FUND II, INC.

Principal Place of Business Mailing Address								ŀ							
3030 HARTLEY ROAD				3030 HARTLEY ROAD				Ì							
SUITE 100				SUITE 100				DO NOT WRITE IN THIS SPACE							
JACKSONVIL - FL 32257			JACKSONVILL FL 32257				-	3. Date Incorporated or Qualifed							
									03/05/	1998				T. I.	
2. Principal Pl	ace of Business			2a. Mailing Addre	ess				4. FEI Numl		6.2				plied For
21				26					59-3431363				Not Applicable		
Suite, Ar t. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired See Required						
22				27 Cit. 8 State											
City & State				City & State			J	6. Election Campaign Financing \$5.00 N ay Be Trust Fund Contribution Added to Fees					•		
Zin Country				Zip Country					Trust F and Contribution Added to F 8. This corporation owes the current year I stangible					io rees	
Zip									,	oration ow Property		irreni yea		Yes	[]No
24	25 0. Name and	Addres	se of Current P	29 legistered Agent	130) 			10. Name an	<u>-</u>		Registe			
	9. Name and	Addies	ss of Current IV	egistered Agent		81	Name		10: 110		-				
FARF	RELL, MARK T														
3030 HARTLEY ROAD						82 Street Addres			s (P.O. Box N	umber is I	Not Accep	otable)			
SUITE 100						83									
JACH	KSONVILL FL 3	2257				84	Chi						- 10	5 Zip	Code
							City						FL	- I '	
t office or re	enistered agent (or both.	in the State of I	ind 607.1508, Florid Florida. Such chang ns of, Section 607.0	ie was auth	orized by	тпе соп	d corpora poration's	ation submits is board of dire	this staten ectors. I he	nent for the reby acc	e purpos	e of chai ppointme	nging its ant as re	registered eg⊦stered
, -	ii iailimai wini, a	ilo acce	pt are obligation	13 01, 0000011 001.0	.000, (10.70	a Ciararco									
SIGNATURE	Signature, typed or prin	ted name	of registered agent an	d title if applicable.	(NOTI Re	gistered Agen	t signature	required wh	hen reinstating)		·	DATI			
12.		0	FFICERS AND I			13.			ADDITION	S/CHANG	SES TO C	FFICER			
TITLE	D			☐ DE	LETE	1,1 TITLE		DP					<u>A.</u>	Change	☐ Addition
NAME	ROOD, JOHN			_		12 NAME		1	DD, JOI						
STREET ADDRE 3S	3030 HARTLE			0		13 STREET	ADDRESS	1	30 HAR'					100)
CITY-ST-ZIP	JACKSONVIL	LE FL	32257			1.4 CITY-ST	r-zip		CKSONV	ILLE,	<u>FL</u>	322			371 A J J J J J J J J J J J J J J J J J J
TITLE					LETE	2.1 TITLE		VS.		D.	. m		ш	Change	₹ Addition
NAME						2.2 NAME			RRELL,					100	
STREET ADDRESS						2.3 STREET	ADDRESS		30 HAR'					100)
CITY-ST-ZIP			·			2. 4 CITY-S	T-ZIP		CKSONY	LLLE,	F.L.	322		Change	X Addition
TITLE				☐ D£	LEIE	3.1 TITLE		VT					Ш	Change	Audition
NAME						3.2 NAME		1	ITH, B				o	101	
STREET ADDRESS						3.3 STREET			30 HAR'					100)
CITY-ST-ZIP					I ETC	3.4. CITY-S	T-ZIP	JAC	CKSONV	LLLE	FL	322	<u> </u>	Change	Addition
TITLE				<u> </u>	LETÉ	4.1 TITLE								Silvinge	
NAME						4 2 NAME		-							
STREET ADDRESS						4.3 STREET	ADDRESS	S							
CITY-ST-ZIP					. FTF	4.4 CITY-S	r-ZIP	+-						Change	Addition
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NAME						5.2 NAME 5.3 STREET	VUUDEE								
STREET ADDRESS						54 CITY-S		Ĭ							
CITY-ST-ZIP				Fibi	LETE	61 TITLE	1-217	+-						Change	Addition
TITLE				ان نے		6.2 NAME									
NAME						6.3 STREET	AUUDEco	s							
STREET ADDRESS								٥							
CITY-ST-ZIP						64 CITY-S	I-ZIP								

CITY-ST-ZIP 14. I herety certify that the informa ion 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 607, 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.

MARK

JER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK T. FARRELL

4-23-99

(904)260-3030

Daytime Phone #

CR2E034 (11/98)