

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

FILED  
Apr 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S60437** (8)  
1. Corporation Name  
**COQUINA POINT DEVELOPMENT, INC.**

Principal Place of Business <b>525 FENTRESS BOULEVARD DAYTONA BEACH FL 32114-1209</b>	Mailing Address <b>PO BOX 2660 DAYTONA BEACH FL 32120-2660 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/17/1991</b>	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number <b>59-3079564</b>	Applied For Not Applicable
22 City & State	27	28 City & State	29	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent <b>VOGES, WILLIAM J. 525 FENTRESS BOULEVARD DAYTONA BEACH FL 32114</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROOT, CHAPMAN II			1.2 NAME	Romano, Sharon		
STREET ADDRESS	525 FENTRESS BLVD.			1.3 STREET ADDRESS	525 Fentress Blvd.		
CITY-ST-ZIP	DAYTONA BEACH FL			1.4 CITY-ST-ZIP	Daytona Beach, FL 32114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	AS	<input type="checkbox"/> DELETE		2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROMANO, SHARON H			2.2 NAME	Jones, Vicky		
STREET ADDRESS	525 FENTRESS BLVD.			2.3 STREET ADDRESS	525 Fentress Blvd.		
CITY-ST-ZIP	DAYTONA BEACH FL			2.4 CITY-ST-ZIP	Daytona Beach, FL 32114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	DP	<input type="checkbox"/> DELETE		3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	VOGES, WILLIAM J.			3.2 NAME	Maroney, Philip		
STREET ADDRESS	525 FENTRESS BLVD.			3.3 STREET ADDRESS	525 Fentress Blvd.		
CITY-ST-ZIP	DAYTONA BEACH FL			3.4 CITY-ST-ZIP	Daytona Beach, FL 32114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	VPSA	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BLANFORD, MARK O			4.2 NAME	Nowvieskie, Ronald		
STREET ADDRESS	525 FENTRESS BLVD			4.3 STREET ADDRESS	525 Fentress Blvd.		
CITY-ST-ZIP	DAYTONA BCH. FL			4.4 CITY-ST-ZIP	Daytona Beach, FL 32114	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEVIS, JAMES L			5.2 NAME			
STREET ADDRESS	525 FENTRESS BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL			5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DITTBENNER, EILEEN M.			6.2 NAME			
STREET ADDRESS	525 FENTRESS BLVD			6.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BCH FL			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 03/24/98 (904) 258-4700

CR2E034 (10/97)