PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State
DIVISION OF CORPORATIONS

DOCUMENT # S60437

COQUINA POINT DEVELOPMENT, INC.

Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90053 034 ***150.00

Principal Plac 525 FENTRESS DAYTONA BEA	BOULEVARD CH FL 32114-1209 Place of Business	Mailing Address PO BOX 2860 DAYTONA BEACH FL 32 US 2a. Mailing Address 26 Suite, Apt. #, etc.	21 20-2860				DO NOT WRITE IN 3. Date 1 reorporated or Qualifed 06/17/1991 4. FEI Number 59-3079564 5. Certificate of Status Desired	THIS SPACE	Ap No 75 A	plied For Applicable
City & Sta	te	City & State					6. Election Campaign Financing			l√lay Be
23		28					Trust I und Contribution		ded to	Fees
L Zip	Cour try	Zip	Cou	ntry			8. This corporation owes the current year	arntangible Yes		JNo
24	25	29	30				Persor al Property Tax. 10. Name and Address of New Registe			
	9. Name and Address of Currer	u vehistalan Wäsiit		81	Name		10. Hame and Address of Hew Registr	a Agont		
Voe	BES, WILLIAM J.									
525 FENTRESS BOULEVARD				82	Street	Ac dres	ss (P.O. Box Number is Not Acceptable)			
	TONA BEACH FL 32114			83						
)	10101020101112000111									
				84	City			FL 85	Zip C	ode
office cr agent. a SIGNATURE	am familiar with, and accept the obliga	ations of, Section 607.0505, I	Florida Stati	utes.			's board of cirectors. I hereby accept the a when reinstating)			
12.		NE DIRECTORS	13.		<u>-</u>		ADDITIONS/CHANGES TO OFFICER	S AND DIRE	ЕСТО	F:S IN 12
TITLE	S	☐ DELETE	1.1 TI	ΠE		Τv		☐ Ch	ange	XXXAddition
NAME	ROMANO, SHARON		1.2 N	ME		MAR	RONEY, PHILIP			
STREET ADDRESS			1.3 \$1	REET	ADDRESS	525	FENTRESS BLVD.			
CITY-ST-ZIP	DAYTONA BEACH FL 32114	. /	1,4 CI	TY-ST	-ZIP	4	TONA BEACH, FL 32114			
TITLE	AS	DELETE	2.1 Ti	ΓLE		V		Ch	ange	XX Addition
NAME	ROMANO, SHARON H	•	2.2 N/	ME		NOW	IVISKIE, RON E.			
STREET ADDRESS			2.3 51	REET	ADDRESS		FENTRESS BLVD.			
CITY-ST-ZIP	DAYTONA BEACH FL		2.4 C	ITY-S	T- Z <u>IP</u>	1	TONA BEACH, FL 32114			
TITLE	DP	☐ DELETE	3.1 TI	ΠE	_	D		☐ Ch	ange	X.XXAddition
NAME	VOGES, WILLIAM J.		3.2 N/	ME		R00	T, JOHN S.			
STREET ADDRESS				3.3 STREET ADDRESS 52		525	FENTRESS BLVD.			
CITY-ST-ZIP	DAYTONA BEACH FL		3.4. C	TY-S	T-ZIP	DAY	TONA BEACH, FL 32114			
TITLE	AS	☐ DELETE	4.1 T	πE		D		Ch:	ange	X XX Addition
NAME	JONES, VICKY		4. 2 N	AME		R00	OT, WILLIAM S.			
STREET ADDRESS			4.3 \$1	REET	ADDRESS		FENTRESS BLVD.			
CITY-ST-ZIP	DAYTONA BCH. Fl. 32114		4.4 CI	TY-ST	- ZIP	1	TONA BEACH, FL 32114	<u></u>		
TITLE	AS	☐ DELETE	5.1 Ti					☐ Ch	ange	☐ Addition
NAME	JONES, VICKY		5.2 N/							
STREET ADDRESS	525 FENTRESS BLVD	•			ADDRESS					
CITY-ST-ZIP	DAYTONA BEACH FL 32114		5.4 CI		-ZIP	<u> </u>				
TITLE	T	DELETE	6.1 TI					☐ Ch.	ange	☐ Addition
NAME	DITTBENNER, EILEEN M.		6.2 N/							
STREET ADDRES	525 FENTRESS BLVD				ADDRESS					
CITY-ST-ZIP	DAYTONA BCH FI		6.4 CI	TY-ST	-ZIP	1				

14. 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 a hual 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.

SIGNATURE:

SIGNATULE AND TYPED OR RUNTED NAME OF SIGNING OFFICER OR DIRECTOR WILL IAM J. VOGES , PRESIDENT

(904) 258-4744

Javtime Ph

R2E034 (11/98)