

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:18

DOCUMENT # **N01086** (0)

1. Corporation Name

COASTAL RIDGE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

FLORIDA CENTRAL MGMT
28163 US 19 S S202
CLEARWATER FL 34621
US

FLORIDA CENTRAL MGMT
28163 US 19 N S202
CLEARWATER FL 34621
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/25/1984** 3a. Date of Last Report **04/22/1994**
4. FEI Number **59-2506340** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 **2430 ESTANCIA BLVD.**

26 **2430 ESTANCIA BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE #114**

27 **SUITE #114**

City & State

City & State

23 **CLEARWATER, FL**

28 **CLEARWATER, FL.**

Zip

Country

Zip

Country

24 **34621**

25 **PINELLAS**

29 **34621**

30 **PINELLAS**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA CENTRAL MGMT
28163 US 19 N S
S202
CLEARWATER FL 34621

81 Name **FLORIDA CENTRAL MANAGEMENT, INC.**

82 Street Address (P.O. Box Number is Not Acceptable)
2430 ESTANCIA BLVD.

83 **SUITE # 114**

84 City **CLEARWATER**

FL

85 Zip Code
34621

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

[Signature]
Name of officer, agent or current registered agent or President M. Norris

[Signature]
Agent signature required when substituting
DATE **3/24/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	SCHWARTZ, MURRAY
STREET ADDRESS	2131 RIDGE RD., G40
CITY - ST - ZIP	LARGO FL
TITLE	DP
NAME	BENNETT, KAREN
STREET ADDRESS	2131 RIDGE RD E30
CITY - ST - ZIP	LARGO FL
TITLE	DTR
NAME	BURKE, ELSIE
STREET ADDRESS	2131 RIDGE RD. S108
CITY - ST - ZIP	LARGO FL
TITLE	DVP
NAME	STEIN, JOHN
STREET ADDRESS	2131 RIDGE RD J60
CITY - ST - ZIP	LARGO FL
TITLE	D
NAME	CURRY, CAROL
STREET ADDRESS	2131 RIDGE RD. S107
CITY - ST - ZIP	LARGO FL
TITLE	DS
NAME	HOFFMAN, EMMA
STREET ADDRESS	2131 RIDGE RD E28
CITY - ST - ZIP	LARGO FL

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DRESSER, JOYCE	
1.3 STREET ADDRESS	2131 RIDGE ROAD #B-7	
1.4 CITY - ST - ZIP	LARGO, FL. 34648	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CARROLL, HUGH	
2.3 STREET ADDRESS	2131 RIDGE ROAD #P-93	
2.4 CITY - ST - ZIP	LARGO, FL. 34648	
3.1 TITLE	DTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILSON, JOHN	
3.3 STREET ADDRESS	2131 RIDGE ROAD #L-68	
3.4 CITY - ST - ZIP	LARGO, FL. 34648	
4.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SCHWARTZ, GLADYS	
4.3 STREET ADDRESS	2131 RIDGE ROAD #G-40	
4.4 CITY - ST - ZIP	LARGO, FL. 34648	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROLA, MARY ANN	
5.3 STREET ADDRESS	2131 RIDGE ROAD #M-76	
5.4 CITY - ST - ZIP	LARGO, FL. 34648	
6.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PAULSEN, CAROL	
6.3 STREET ADDRESS	2131 RIDGE ROAD #E-27	
6.4 CITY - ST - ZIP	LARGO, FL. 34648	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
Name and typed or printed name of signing officer or director
PRESIDENT

[Signature]
Name and typed or printed name of signing officer or director
HUGH W. CARROLL

[Signature]
Name and typed or printed name of signing officer or director
3/24/95 581-2537