

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N01086** (0)

1. Corporation Name
COASTAL RIDGE ASSOCIATION, INC.



Principal Place of Business: **2430 ESTANCIA BLVD. SUITE 114 CLEARWATER FL 34621 US**
Mailing Address: **2430 ESTANCIA BLVD. SUITE 114 CLEARWATER FL 34621 US**

3. Date Incorporated or Qualified: **01/25/1984**
3a. Date of Last Report: **03/31/1995**
4. FEI Number: **59-2506340**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
22. Suite, Apt. #, etc.: **27**
23. City & State: **28**
24. Zip: **25** Country: **29** Zip: **30** Country: **30**

9. Name and Address of Current Registered Agent
**FLORIDA CENTRAL MANAGEMENT INC
2430 ESTANCIA BLVD
SUITE 114
CLEARWATER FL 34621**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS OF AGENTS TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	DRESSER, JOYCE <input type="checkbox"/> DELETE	1.1 TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	ZICKEFOOSE, JEAN
NAME: DRESSER, JOYCE		1.2 NAME: ZICKEFOOSE, JEAN	
STREET ADDRESS: 2131 RIDGE RODA #B-7		1.3 STREET ADDRESS: 2131 RIDGE ROAD #G-39	
CITY-ST-ZIP: LARGO FL		1.4 CITY-ST-ZIP: LARGO, FL. 34648	
TITLE: DP <input type="checkbox"/> DELETE	CARROLL, HUGH <input type="checkbox"/> DELETE	2.1 TITLE: DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TRUE, CAROLA
NAME: CARROLL, HUGH		2.2 NAME: TRUE, CAROLA	
STREET ADDRESS: 2131 RIDGE ROAD #P-93		2.3 STREET ADDRESS: 2131 RIDGE ROAD #J-56	
CITY-ST-ZIP: LARGO FL		2.4 CITY-ST-ZIP: LARGO, FL. 34648	
TITLE: DTR <input type="checkbox"/> DELETE	WILSON, JOHN <input type="checkbox"/> DELETE	3.1 TITLE: DTR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	HARWI, RICHARD
NAME: WILSON, JOHN		3.2 NAME: HARWI, RICHARD	
STREET ADDRESS: 2131 RIDGE ROA #L-68		3.3 STREET ADDRESS: 2131 RIDGE ROAD #C-16	
CITY-ST-ZIP: LARGO FL		3.4 CITY-ST-ZIP: LARGO, FL. 34648	
TITLE: DVP <input type="checkbox"/> DELETE	SCHWARTZ, GLADYS <input type="checkbox"/> DELETE	4.1 TITLE: DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TOMPkins, HARRIET
NAME: SCHWARTZ, GLADYS		4.2 NAME: TOMPkins, HARRIET	
STREET ADDRESS: 2131 RIDGE ROAD #G-40		4.3 STREET ADDRESS: 2131 RIDGE ROAD #C-15	
CITY-ST-ZIP: LARGO FL		4.4 CITY-ST-ZIP: LARGO, FL. 34648	
TITLE: D <input type="checkbox"/> DELETE	ROLA, MARY ANN <input type="checkbox"/> DELETE	5.1 TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	LONG, ROBERT
NAME: ROLA, MARY ANN		5.2 NAME: LONG, ROBERT	
STREET ADDRESS: 2131 RIDGE ROAD #M-76		5.3 STREET ADDRESS: 2131 RIDGE ROAD #Q-97	
CITY-ST-ZIP: LARGO FL		5.4 CITY-ST-ZIP: LARGO, FL. 34648	
TITLE: DS <input type="checkbox"/> DELETE	PAULSEN, CAROL <input type="checkbox"/> DELETE	6.1 TITLE: DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	WERNER, ERICK
NAME: PAULSEN, CAROL		6.2 NAME: WERNER, ERICK	
STREET ADDRESS: 2131 RIDGE ROAD #E-27		6.3 STREET ADDRESS: 2131 RIDGE ROAD #F-34	
CITY-ST-ZIP: LARGO FL		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 119.07(3)(k), 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: *Carola Lyn True* **CAROLA LYN TRUE** 4-4-96 585-4992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)