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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34621-2607 US
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3. Date Incorporated or Qualified 01/25/1984	3a. Date of Last Report 04/19/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

4. FEI Number 59-2506340	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	
TITLE	D <input type="checkbox"/> DELETE
NAME	ZICKEFOOSE, JEAN
STREET ADDRESS	2131 RIDGE ROAD, #G-39
CITY-ST-ZIP	LARGO FL
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	TRUE, CAROLA
STREET ADDRESS	2131 RIDGE ROAD, #J-56
CITY-ST-ZIP	LARGO FL
TITLE	DTR <input checked="" type="checkbox"/> DELETE
NAME	GARWUM RICHARD
STREET ADDRESS	2131 RIDGE ROAD, #C-16
CITY-ST-ZIP	LARGO FL
TITLE	DVP <input checked="" type="checkbox"/> DELETE
NAME	TOMPKINS, HARRIET
STREET ADDRESS	2131 RIDGE ROAD, #C-15
CITY-ST-ZIP	LARGO FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LONG, ROBERT
STREET ADDRESS	2131 RIDGE ROAD, #Q-97
CITY-ST-ZIP	LARGO FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	WERNER, ERICK
STREET ADDRESS	2131 RIDGE ROAD, #F-34
CITY-ST-ZIP	LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SHINN, DOLORES
2.3 STREET ADDRESS	2131 Ridge Road, Q97
2.4 CITY-ST-ZIP	LARGO, FL. 33778
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PHELPS, JEANETTE
3.3 STREET ADDRESS	2131 RIDGE ROAD 086
3.4 CITY-ST-ZIP	LARGO, FL. 33778
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILSON, JOHN
4.3 STREET ADDRESS	2131 RIDGE ROAD #L68
4.4 CITY-ST-ZIP	LARGO, FL. 33778
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TICE, NANCY
5.3 STREET ADDRESS	2131 RIDGE ROAD #R106
5.4 CITY-ST-ZIP	LARGO, FL. 33778
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	GROGAN, HENRY
6.3 STREET ADDRESS	2131 RIDGE ROAD P92
6.4 CITY-ST-ZIP	LARGO, FL. 33778

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Dolores Shinn* *Dolores Shinn* President 3/27/97 797-6911

CR2E037 (9/96)