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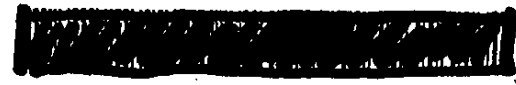
NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N01086 ✓
 1. Corporation Name
 COASTAL RIDGE ASSOCIATION, INC

Principal Place of Business Mailing Address
 RAMPART PROPERTIES
 10033 9 ST N
 ST PETERSBURG FL 33716
 US



2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified
 1 Rampart Properties, Inc 26 Rampart Properties, Inc 01/25/1984
 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For
 2 10033 9th Street North 27 10033 9th Street No 59-2506340 Not Applicable
 City & State City & State
 3 St. Petersburg, Fl 28 St. Petersburg, Fl 5. Certificate of Status Desired \$8.75 Additional Fee Required
 Zip Country Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 4 33716 25 Pinellas 29 33716 30 Pinellas

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

SMITH, BRIAN
 C/O RAMPART PROPERTIES
 10033 9TH ST N
 ST. PETERSBURG FL 33716

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 *[Signature]* DATE 4-28-99

Signatures, types or printed name of registered agents and type if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	Sue Adkins <input checked="" type="checkbox"/> DELETE 10033 9th Street North ST PETERSBURG FL 33716	1.1 TITLE 12 NAME P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sandra Bohem 10033 9th Street North St. Pete., Fl 33716	
TITLE T	John Scott <input checked="" type="checkbox"/> DELETE 10033 9TH ST N 2ND FL ST PETERSBURG FL 33716	2.1 TITLE T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Constance McHugh 10033 9th Street North St. Petersburg, Florida 33716	
TITLE DS	Ellie Griffrow <input checked="" type="checkbox"/> DELETE 10033 9TH ST N 2ND FL ST PETERSBURG FL 33716	3.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bob Anderson 10033 9th Street North St. Petersburg, Florida 33716	
TITLE D	John Wilson <input checked="" type="checkbox"/> DELETE 10033 9TH ST N 2ND FL ST PETERSBURG FL 33716	4.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Virginia Moore 10033 9th Street North St. Petersburg, Florida 33716	
TITLE D	Mary Ann Rola <input checked="" type="checkbox"/> DELETE 10033 9TH ST N 2ND FL ST PETERSBURG FL 33716	5.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Richard Schleiter 10033 9th Street North St. Petersburg, Florida 33716	
TITLE VP	Arthur Davis <input checked="" type="checkbox"/> DELETE 10033 9TH ST N 2ND FL ST PETERSBURG FL 33716	6.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Glenda Anderson 10033 9th Street North St. Petersburg, Florida 33716	

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 617, 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: *Sandra Bohem* Sandra Bohem, President 4/29/99 883-7300 x 4022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #