

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012057

FILED
Mar 23, 2009
Secretary of State

Entity Name: COASTAL OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11555 CENTRAL PKWY
SUITE 603
JACKSONVILLE, FL 32224

New Principal Place of Business:

6620 SOUTHPOINT DRIVE SOUTH
SUITE 610
JACKSONVILLE, FL 32216

Current Mailing Address:

11555 CENTRAL PKWY
SUITE 603
JACKSONVILLE, FL 32224

New Mailing Address:

6620 SOUTHPOINT DRIVE SOUTH
SUITE 610
JACKSONVILLE, FL 32216

FEI Number: 20-3967970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTTERILL, RONALD
1010 NORTH FLORIDA AVENUE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MERTEN, STEVE
Address: 9301 OLD KINGS ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32257

Title: VD () Delete
Name: MUCHMORE, LARRY
Address: 9301 OLD KINGS RD SOUTH
City-St-Zip: JACKSONVILLE, FL 32257

Title: STD () Delete
Name: NETRO, GREG
Address: 9301 OLD KINGS RD SOUTH
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE MERTEN

PD

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date