

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012057

FILED  
Feb 23, 2012  
Secretary of State

**Entity Name:** COASTAL OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6620 SOUTHPOINT DRIVE SOUTH  
SUITE 610  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

6620 SOUTHPOINT DRIVE SOUTH  
SUITE 610  
JACKSONVILLE, FL 32216

**New Mailing Address:**

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  
Name: MERTEN, STEVE  
Address: 6620 SOUTHPOINT DRIVE SOUTH SUITE 610  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VD  
Name: NETRO, GREG  
Address: 6620 SOUTHPOINT DRIVE SOUTH SUITE 610  
City-St-Zip: JACKSONVILLE, FL 32216

Title: STD  
Name: HOFELT, KELLY  
Address: 6620 SOUTHPOINT DRIVE SOUTH SUITE 610  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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 all other like empowered.

SIGNATURE: DANIELLE SCAFFIDI

CAM

02/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date