


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N51314 1. Entity Name COASTAL COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business 6112 CAPE SAN BLAS RD PORT SAINT JOE, FL 32456 US	Mailing Address P.O. BOX 544 PT. ST JOE, FL 32547 US
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DO NOT WRITE IN THIS SPACE



04242006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3170257	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WESTON, CHARLES W
6112 CAPE SAN BLAS RD
PORT ST. JOE, FL 32456

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WESTON, CHARLES 6112 CAPE SAN BLAS RD PORT SAINT JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIS, BOB 473 GULF PINES DR PORT SAINT JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REX, ANDERSON 310 NAUTILUS DR PORT SAINT JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHRISTY, SANDI 122 MARINER LANE PORT SAINT JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDMAN, PATRICIA 123 MARINER LANE PORT SAINT JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EASON, CLINT 1510 INDIAN PASS RD PORT SAINT JOE, FL 32456

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05/09/06-80013-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Charles Weston* 26 APR 06 850-229-1329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #