


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90186 004 ****61.25

DOCUMENT # N51314			
1. Entity Name COASTAL COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 6112 CAPE SAN BLAS RD PORT SAINT JOE, FL 32456		Mailing Address 6112 CAPE SAN BLAS RD P.O. BOX 544 PT. ST JOE, FL 32547 US	
2. Principal Place of Business - No P.O. Box # 6112 Cape San Blas Rd Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Port St. Joe, Florida		City & State	
Zip 32456	Country US	Zip	Country
4. FEI Number 59-3170257		Applied For <input type="checkbox"/> 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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WESTON, CHARLES 8112 CAPE SAN BLAS RD PORT SAINT JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIS, BOB 473 GULF PINES DR PORT SAINT JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REX, ANDERSON 310 NAUTILUS DR PORT SAINT JOE, FL 32456 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Donna Murray Treasurer 1876 Indian Pass Rd. PORT ST. JOE, FL 32456 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHRISTY, SANDI 122 MARINER LANE PORT SAINT JOE, FL 32456 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Debra VanVleet 775 Cape San Blas Rd PORT ST. JOE, FL 32456 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDMAN, PATRICIA 123 MARINER LANE PORT SAINT JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rex Anderson Dr. 310 Nautilus Dr. PORT ST. JOE, FL 32456 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EASON, CLINT 1510 INDIAN PASS RD PORT SAINT JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1876 Indian Pass Rd. Pt. St. Joe, FL 32456 04-25-07 227-4546 Date Daytime Phone #	

ATTACHMENT
40085447 # N51314

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title P
Name (Last, First, Middle, Title) WESTON , CHARLES , ,

- OR -

Entity Name to serve as Officer/Director

Street Address 6112 CAPE SAN BLAS RD
City, State PORT SAINT JOE , FL
Zip Code & Country 32456

Title VP
Name (Last, First, Middle, Title) WILLIS , BOB , ,

- OR -

Entity Name to serve as Officer/Director

Street Address 473 GULF PINES DR
City, State PORT SAINT JOE , FL
Zip Code & Country 32456

Title ~~TD~~
Name (Last, First, Middle, Title) DONNA , MURRAY , ,

- OR -

Entity Name to serve as Officer/Director

Street Address 1876 INDIAN PASS RD.
City, State PORT SAINT JOE , FL
Zip Code & Country 32456

Title S

ATTACHMENT
40085447 #N51314

Name (Last, First, Middle, Title) DEBRA , VANVLEET , ,

- OR -

Entity Name to serve as Officer/Director

Street Address 775 CAPE SAN BLAS RD.
City, State PORT SAINT JOE , FL
Zip Code & Country 32456

Title D

Name (Last, First, Middle, Title) REX , ANDERSON , ,

- OR -

Entity Name to serve as Officer/Director

Street Address 310 NAUTILUS DR.
City, State PORT SAINT JOE , FL
Zip Code & Country 32456

Title D

Name (Last, First, Middle, Title) PATRICIA , HARDMAN , ,

- OR -

Entity Name to serve as Officer/Director

Street Address 123 MARINER LANE
City, State PORT SAINT JOE , FL
Zip Code & Country 32456

Adalberto Eason

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title P
Officer/Director Signature CHARLES WESTON

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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Start Over

40085447
N51314

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