

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT


FILED

07 SEP 19 AM 8:49

Amended
Page 1

DOCUMENT # N51314

1. Entity Name
COASTAL COMMUNITY ASSOCIATION, INC.



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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite; Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

09142007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3170257

Applied For
Not Applicable

5. Certificate of Status Desired \$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 _____ DATE _____

(NOTE: Registered Agent signature required when reinstating)

000109880380
09/25/07--01017--025 **\$1.25

Amended AR is \$81.25

9. Election Campaign Financing Trust Fund Contribution. \$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 6112 CAPE SAN BLAS RD PORT SAINT JOE, FL 32456 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Anderson, Jim 390 Gulf Pines Dr. Port St Joe FL 32456 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIS, BOB 473 GULF PINES DR PORT SAINT JOE, FL 32456 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Anderson, Rex 5540 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	T MURRAY, DONNA 1848 INDIAN PASS RD PORT SAINT JOE, FL 32456 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Larsen, Melissa 1291 Country Club Rd Port St. Joe FL 32456 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAN VLEET, DEBRA 775 CAPE SAN BLAS RD PORT SAINT JOE, FL 32456 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Caughy, Betty 273 Florida Ave Port St Joe FL 32456 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARDMAN, PATRICIA 123 MARINER LANE PORT SAINT JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Johnson, Pat 128 Boardwalk Ave 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Minzner, Al 7991 Cape San Blas Rd Port St Joe FL 32456 <input type="checkbox"/> Change <input checked="" 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: *Patricia A. Hardman* 9/20/07 850 229 7799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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PORT ST. JOE, FL 32456

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WESTON, CHARLES	
STREET ADDRESS	6112 CAPE SAN BLAS RD	
CITY-ST-ZIP	PORT SAINT JOE, FL 32456	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WILLIS, BOB	
STREET ADDRESS	473 GULF PINES DR	
CITY-ST-ZIP	PORT SAINT JOE, FL 32456	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MURRAY, DONNA	
STREET ADDRESS	1846 INDIAN PASS RD	
CITY-ST-ZIP	PORT SAINT JOE, FL 32456	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	VAN VLEET, DEBRA	
STREET ADDRESS	775 CAPE SAN BLAS RD	
CITY-ST-ZIP	PORT SAINT JOE, FL 32456	
TITLE	P P	<input type="checkbox"/> Delete
NAME	HARDMAN, PATRICIA	
STREET ADDRESS	123 MARINER LANE	
CITY-ST-ZIP	PORT SAINT JOE, FL 32456	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EASON, CLINT	
STREET ADDRESS	1510 INDIAN PASS RD	
CITY-ST-ZIP	PORT SAINT JOE, FL 32456	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shaeffer, Ron	
STREET ADDRESS	2609 Shoreline Dr.	
CITY-ST-ZIP	Port St Joe FL 32456	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Phone #