

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
Apr 08, 2009  
Secretary of State

DOCUMENT# N51314

Entity Name: COASTAL COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

6112 CAPE SAN BLAS RD  
PORT SAINT JOE, FL 32456 US

**New Principal Place of Business:**

617 MARVIN AVENUE  
PORT SAINT JOE, FL 32456 US

**Current Mailing Address:**

P.O. BOX 544  
PT. ST JOE, FL 32547 US

**New Mailing Address:**

FEI Number: 59-3170257      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

GRIFFITH, SHARON  
951 CAPE SAN BLAS RD  
PORT ST. JOE, FL 32456 US

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: SHARON GRIFFITH

04/08/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: ANDERSON, JIM  
Address: 390 GULF PINES DR  
City-St-Zip: PORT ST JOE, FL 32456

Title: T ( ) Delete  
Name: ANDERSON, REX  
Address: 5540 CAPE SAN BLAS RD  
City-St-Zip: PORT ST JOE, FL 32456

Title: S ( ) Delete  
Name: LARSEN, MELISSA  
Address: 1291 COUNTRY CLUB RD  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D ( ) Delete  
Name: CAUGHEY, BETTY  
Address: 273 FLORIDA AVE  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: P ( ) Delete  
Name: HARDMAN, PATRICIA  
Address: 123 MARINER LANE  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D (X) Delete  
Name: JOHNSON, PAT  
Address: 128 BOARDWALK AVE  
City-St-Zip: PORT SAINT JOE, FL 32456

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T (X) Change ( ) Addition  
Name: GRIFFITH, SHARON  
Address: 591 CAPE SAN BLAS RD.  
City-St-Zip: PORT ST JOE, FL 32456

Title: S (X) Change ( ) Addition  
Name: KROLL, PAULA  
Address: 193 N. SEMINOLE  
City-St-Zip: PORT SAINT JOE, FL 32456

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: PATRICIA K. HARDMAN

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date