

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51314

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** COASTAL COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

617 MARVIN AVENUE  
PORT SAINT JOE, FL 32456 US

**New Principal Place of Business:**

1934 CR30A  
PORT SAINT JOE, FL 32456 US

**Current Mailing Address:**

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

**New Mailing Address:**

P.O. BOX 544  
PT. ST JOE, FL 32456 US

FEI Number: 59-3170257

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRIFFITH, SHARON  
951 CAPE SAN BLAS RD  
PORT ST. JOE, FL 32456 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: V  
Name: SHAEFFER, RON  
Address: 7609 SHORELINE DRIVE  
City-St-Zip: PORT ST JOE, FL 32456

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

Title: S  
Name: FEDOTA, LESLIE  
Address: 341 BENT TREE RD  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D  
Name: ANDERSON, JIM  
Address: 390 GULF PINES DR  
City-St-Zip: PORT SAINT JOE, FL 32456

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

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: PATRICIA K HARDMAN

P

04/28/2010

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

\_\_\_\_\_  
Date