

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51314

FILED
Feb 29, 2012
Secretary of State

Entity Name: COASTAL COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1934 CR30A
PORT SAINT JOE, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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: VP
Name: SHAEFFER, RON
Address: 7609 SHORELINE DRIVE
City-St-Zip: PORT ST JOE, FL 32456

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

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

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

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

Title: DIR
Name: SCHULTZ, MARK
Address: 1415 INDIAN PASS ROAD
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: SHARON F. GRIFFITH

TREA

02/29/2012

Electronic Signature of Signing Officer or Director

Date