

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749695

**FILED**  
**Feb 19, 2019**  
**Secretary of State**  
**1351742536CC**

**Entity Name:** CANOE CREEK PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O COASTAL PROPERTY MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE400  
STUART, FL 34994

**Current Mailing Address:**

C/O COASTAL PROPERTY MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE400  
STUART, FL 34994 US

**FEI Number: 59-2374960**

**Certificate of Status Desired: No**

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

BONAN, ELIZABETH ESQ.  
789 SOUTH FEDERAL HWY  
SUITE 101  
STUART, FL 34994 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CARLSON, JEREMY  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

Title            SECRETARY, TREASURER  
Name            MCMULLEN, MARK  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

Title            DIRECTOR  
Name            REY, ANTONIO  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

Title            VICE-PRESIDENT  
Name            TWINAM, ROSEMARY  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

Title            DIRECTOR  
Name            CANTIELLO, JON  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

*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: JEREMY CARLSON**

**PRESIDENT**

**02/19/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date