

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

DOCUMENT# N01086

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

**FILED**  
**Apr 18, 2019**  
**Secretary of State**  
**4899675513CC**

**Current Principal Place of Business:**

4917 EHRLICH RD  
SUITE 104  
TAMPA, FL 33624

**Current Mailing Address:**

4917 EHRLICH RD  
SUITE 104  
TAMPA, FL 33624 US

**FEI Number: 65-1085558**

**Certificate of Status Desired: No**

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

HELBIG, DENISE  
4917 EHRLICH RD  
SUITE 104  
TAMPA, FL 33624 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: DENISE HELBIG**

**04/18/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MCEWEN, BARBARA  
Address        4917 EHRLICH RD  
                  SUITE 104  
City-State-Zip: TAMPA FL 33624

Title            TREASURER  
Name            STEGURA, NANCY  
Address        4917 EHRLICH RD  
                  SUITE 104  
City-State-Zip: TAMPA FL 33624

Title            DIRECTOR  
Name            BRAND, STAN  
Address        4917 EHRLICH RD  
                  SUITE 104  
City-State-Zip: TAMPA FL 33624

Title            DIRECTOR  
Name            TICE, NANCY  
Address        4917 EHRLICH RD  
                  SUITE 104  
City-State-Zip: TAMPA FL 33624

Title            DIRECTOR  
Name            WAGGONER, GERRY  
Address        4917 EHRLICH RD  
                  SUITE 104  
City-State-Zip: TAMPA FL 33624

Title            VP  
Name            GREEN, SUSAN  
Address        4917 EHRLICH RD  
                  104  
City-State-Zip: TAMPA FL 33624

Title            SECRETARY  
Name            CALLAHAN, KATE  
Address        4917 EHRLICH RD  
                  104  
City-State-Zip: TAMPA FL 33624

*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: BARBARA MCEWEN**

**PRESIDENT**

**04/18/2019**

Electronic Signature of Signing Officer/Director Detail

Date