

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01086

Entity Name: COASTAL RIDGE ASSOCIATION, INC.**Current Principal Place of Business:**

C/O WEST COAST MANAGEMENT AND REALTY
4917 EHRLICH RD SUITE104
TAMPA, FL 33624

Current Mailing Address:

C/O WEST COAST MANAGEMENT AND REALTY
4917 EHRLICH RD SUITE 104
TAMPA, FL 33624 US

FEI Number: 59-2506340**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

HELBIG, DENISE
C/O WEST COAST MANAGEMENT AND REALTY
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**03/25/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GREEN, CHUCK
Address C/O WEST COAST MANAGEMENT
 AND REALTY
 4917 EHRLICH RD SUITE 104
City-State-Zip: TAMPA FL 33624

Title VP
Name MCEWEN, BARBARA
Address C/O WEST COAST MANAGEMENT
 AND REALTY
 4917 EHRLICH RD SUITE 104
City-State-Zip: TAMPA FL 33624

Title SECRETARY
Name GREEN, SUSAN
Address C/O WEST COAST MANAGEMENT
 AND REALTY
 4917 EHRLICH RD SUITE 104
City-State-Zip: TAMPA FL 33624

Title TREASURER
Name PANZICA, CHARLOTTE
Address C/O WEST COAST MANAGEMENT
 AND REALTY
 4917 EHRLICH RD SUITE 104
City-State-Zip: TAMPA FL 33624

Title DIRECTOR
Name WINKLER, KATHLEEN
Address C/O WEST COAST MANAGEMENT
 AND REALTY
 4917 EHRLICH RD SUITE 104
City-State-Zip: TAMPA FL 33624

Title D
Name NORDON, AMY
Address C/O WEST COAST MANAGEMENT
 AND REALTY
 4917 EHRLICH RD SUITE 104
City-State-Zip: TAMPA FL 33624

Title DIRECTOR
Name WAGNER, GEORGE
Address C/O WEST COAST MANAGEMENT
 AND REALTY
 4917 EHRLICH RD SUITE 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: CHUCK GREEN**PRESIDENT****03/25/2016**

