

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N01086

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

**FILED  
Sep 23, 2016  
Secretary of State  
CC9675398080**

**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:**

RABIN PARKER, P.A.  
28059 U.S. HIGHWAY 19 NORTH  
SUITE 301  
CLEARWATER, FL 33761 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            BARBARA, MCEWEN  
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            VP  
Name            WINKLER, KATHLEEN  
Address        C/O WEST COAST MANAGEMENT  
                  AND REALTY  
                  4917 EHRLICH RD SUITE 104  
City-State-Zip: TAMPA FL 33624

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

Title            SECRETARY  
Name            CALLAHAN, KATE  
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: BARBARA MCEWEN**

**PRESIDENT**

**09/23/2016**

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

\_\_\_\_\_  
Date