#### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01086

Entity Name: COASTAL RIDGE ASSOCIATION, INC.

FILED Feb 10, 2015 Secretary of State CC7444824125

# **Current Principal Place of Business:**

C/O ASSOCIA GULF COAST, INC. 9887 FOURTH STREET NORTH #301 ST. PETERSBURG, FL 33702

# **Current Mailing Address:**

C/O ASSOCIA GULF COAST, INC. 9887 FOURTH STREET NORTH #301 ST. PETERSBURG, FL 33702 US

FEI Number: 59-2506340 Certificate of Status Desired: No

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

RABIN PARKER, P.A. 28163 US 19 NORTH #100 CLEARWATER, FL 33761 US

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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: MARLENE SHAW 02/10/2015

Electronic Signature of Registered Agent Date

### Officer/Director Detail:

Title PRESIDENT Title VI

NameCHASE, BARRYNameSMITH, BARRYAddress7300 PARK STREETAddress7300 PARK STREETCity-State-Zip:SEMINOLE FL 33777City-State-Zip:SEMINOLE FL 33777

Title SECRETARY Title TREASURER

NameBOBIER, ROSENameMUNRO, JENNIFERAddress7300 PARK STREETAddress7300 PARK STREETCity-State-Zip:SEMINOLE FL 33777City-State-Zip:SEMINOLE FL 33777

Title DIRECTOR Title D

NameBRAND, STANLEYNamePANZICA, JOSEPHAddress7300 PARK STREETAddress7300 PARK STREETCity-State-Zip:SEMINOLE FL 33777City-State-Zip:SEMINOLE FL 33777

Title DIRECTOR

Name BRONFIN, LARRY Address 7300 PARK ST.

City-State-Zip: SEMINOLE FL 33777

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: BARRY CHASE PRESIDENT 02/10/2015