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: MATT OLIVE

Electronic Signature of Signing Officer/Director Detail

2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000012057

Entity Name: COASTAL OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6620 SOUTHPOINT DRIVE SOUTH SUITE 610 JACKSONVILLE, FL 32216

Current Mailing Address:

6620 SOUTHPOINT DRIVE SOUTH SUITE 610 JACKSONVILLE, FL 32216

FEI Number: 20-3967970

Name and Address of Current Registered Agent:

DAN WASSERSTEIN PA 6501 CONGRESS AVENUE SUITE 100 BOCA RATON, FL 33487 US

Certificate of Status Desired: No

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.

The above named	rentity submits this statement for the purpose of changing its	s registered onice of regis	lered agent, or both, in the State of Florida.
SIGNATURE	E: MATT OLIVE		10/09/201
	Electronic Signature of Registered Agent		Date
Officer/Dire	ctor Detail :		
Title	PD	Title	VD
Name	OLIVE, MATT	Name	LOFTUS, BRIAN
Address	6620 SOUTHPOINT DRIVE SOUTH SUITE 610	Address	6620 SOUTHPOINT DRIVE SOUTH SUITE 610
City-State-Zip:	JACKSONVILLE FL 32216	City-State-Zip:	JACKSONVILLE FL 32216
Title	STD		
Name	HAMPSON, JEREMY		
Address	6620 SOUTHPOINT DRIVE SOUTH SUITE 610		
City-State-Zip:	JACKSONVILLE FL 32216		

PRESIDENT 10/09/2015

FILED Oct 09, 2015 Secretary of State CC7614915570

Date