

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

DOCUMENT# N05000012057

**Entity Name:** COASTAL OAKS HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC1993315389**

**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**

**Certificate of Status Desired: No**

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

DAN WASSERSTEIN PA  
6501 CONGRESS AVENUE  
SUITE 100  
BOCA RATON, FL 33487 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: MATT OLIVE**

**01/12/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name OLIVE, MATT  
Address 6620 SOUTHPOINT DRIVE SOUTH  
SUITE 610  
City-State-Zip: JACKSONVILLE FL 32216

Title VD  
Name NETRO, GREG  
Address 6620 SOUTHPOINT DRIVE SOUTH  
SUITE 610  
City-State-Zip: JACKSONVILLE FL 32216

Title STD  
Name MERTEN, STEVE  
Address 6620 SOUTHPOINT DRIVE SOUTH  
SUITE 610  
City-State-Zip: JACKSONVILLE FL 32216

*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**

**PRESIDENT**

**01/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date