

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33208

Entity Name: SOUTH FORK ESTATES PROPERTY OWNERS' ASSOCIATION, INC.**FILED**
Jan 11, 2019
Secretary of State
2520563786CC**Current Principal Place of Business:**C/O COASTAL PROPERTY MANAGEMENT
10 SE CENTRAL PARKWAY SUITE400
STUART, FL 34994**Current Mailing Address:**C/O COASTAL PROPERTY MANAGEMENT
10 SE CENTRAL PARKWAY SUITE400
STUART, FL 34994 US**FEI Number: 65-0272128****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ROSS EARLE & BONAN, P.C.
789 S FEDERAL HIGHWAY, SUITE101
STUART, FL 34994 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	VP
Name	ISABEL, SAM
Address	C/O COASTAL PROPERTY MANAGEMENT 10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

Title	DIRECTOR
Name	BEEMAN, MARTHA
Address	C/O COASTAL PROPERTY MANAGEMENT 10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

Title	DIRECTOR
Name	HINSON, MICHELE
Address	C/O COASTAL PROPERTY MANAGEMENT 10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

Title	SECRETARY
Name	FAULKNER, VANESSA
Address	C/O COASTAL PROPERTY MANAGEMENT 10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

Title	DIRECTOR
Name	NOLTE, GREG
Address	C/O COASTAL PROPERTY MANAGEMENT 10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

Title	PRESIDENT
Name	BRADA, PETER
Address	C/O COASTAL PROPERTY MANAGEMENT 10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

Title	TREASURER
Name	OVERBYE, ERIKA
Address	C/O COASTAL PROPERTY MANAGEMENT 10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

Title	DIRECTOR
Name	JEROME, CHRISTINA
Address	C/O COASTAL PROPERTY MANAGEMENT 10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

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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: PETER BRADA

PRESIDENT

01/11/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LAWRENCE, DIANE
Address C/O COASTAL PROPERTY MANAGEMENT
 10 SE CENTRAL PARKWAY SUITE400
City-State-Zip: STUART FL 34994