

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33208

Entity Name: SOUTH FORK ESTATES PROPERTY OWNERS' ASSOCIATION, INC.**FILED**
Apr 26, 2023
Secretary of State
2063697136CC**Current Principal Place of Business:**C/O COASTAL PROPERTY MANAGEMENT
10 SE CENTRAL PARKWAY SUITE 400
STUART, FL 34994**Current Mailing Address:**C/O COASTAL PROPERTY MANAGEMENT
10 SE CENTRAL PARKWAY SUITE 400
STUART, FL 34994 US**FEI Number:** 65-0272128**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSS, EARLE, BONAN & ENSOR, P.A.
789 S FEDERAL HIGHWAY, SUITE 101
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:** DEBORAH ROSS**04/26/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	ISABEL, SAM
Address	C/O COASTAL PROPERTY MANAGEMENT 10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994

Title	DIRECTOR
Name	BEEMAN, MARTHA
Address	C/O COASTAL PROPERTY MANAGEMENT 10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994

Title	DIRECTOR
Name	HINSON, MICHELE
Address	C/O COASTAL PROPERTY MANAGEMENT 10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994

Title	SECRETARY
Name	FAULKNER, VANESSA
Address	C/O COASTAL PROPERTY MANAGEMENT 10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994

Title	DIRECTOR
Name	NOLTE, GREG
Address	C/O COASTAL PROPERTY MANAGEMENT 10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994

Title	PRESIDENT
Name	BRADA, PETER
Address	C/O COASTAL PROPERTY MANAGEMENT 10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994

Title	TREASURER
Name	BIRKMAM, DAVID
Address	C/O COASTAL PROPERTY MANAGEMENT 10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994

Title	DIRECTOR
Name	LAWRENCE, DIANE
Address	C/O COASTAL PROPERTY MANAGEMENT 10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip: STUART FL 34994

Continues on page 2

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

04/26/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BARHORST, GREG
Address C/O COASTAL PROPERTY MANAGEMENT
 10 SE CENTRAL PARKWAY SUITE 400
City-State-Zip: STUART FL 34994