

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51314

Entity Name: COASTAL COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1934 CR30A
PORT SAINT JOE, FL 32456

Current Mailing Address:

P.O. BOX 544
PT. ST JOE, FL 32456 US

FEI Number: 59-3170257

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, CHARLES B
213 BOARDWALK AVE
PORT ST. JOE, FL 32456 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: CHARLES B JONES

04/21/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name SHAEFFER, RON
Address 7609 SHORELINE DRIVE
City-State-Zip: PORT ST JOE FL 32456

Title SEC
Name FEDOTA, LESLIE
Address 341 BENT TREE RD
City-State-Zip: PORT SAINT JOE FL 32456

Title DIR
Name ANDERSON, JIM
Address 390 GULF PINES DR
City-State-Zip: PORT SAINT JOE FL 32456

Title PRES
Name HARDMAN, PATRICIA
Address 123 MARINER LANE
City-State-Zip: PORT SAINT JOE FL 32456

Title TREA
Name JONES, CHARLES B
Address 213 BOARDWALK AVE
City-State-Zip: PORT ST JOE FL 32456

Title DIR
Name WILLIS, BOB
Address 473 GULF PINES DRIVE
City-State-Zip: PORT ST JOE FL 32456

Title DIR
Name THOMPSON, JERRY
Address 971 INDIAN PASS ROAD
City-State-Zip: PORT ST JOE FL 32456

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: CHARLES B JONES

TREASURE

04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date