

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

DOCUMENT# N51314

**FILED**  
**Apr 06, 2015**  
**Secretary of State**  
**CC0422016813**

**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:**

BAIRD, GENEVIEVE H  
1934 CR30A  
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: GENEVIEVE H. BAIRD**

**04/06/2015**

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 BAIRD, GENEVIEVE H  
Address 1934 CR30A  
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

Title DIRECTOR  
Name BEHAGE, LINDA  
Address 5974 CR30A  
City-State-Zip: PORT ST. JOE FL 32456

**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: GENEVIEVE H BAIRD**

**TREASURE**

**04/06/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           EASTON, PENNY  
Address        107 HEMMINGWAY  
City-State-Zip: PORT ST. JOE FL 32456

Title           DIRECTOR  
Name           STUART, NANCY  
Address        181 BROKEN ARROW LANE  
City-State-Zip: PORT ST. JOE FL 32456