

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51314

FILED
Feb 16, 2017
Secretary of State
CC6236985235

Entity Name: COASTAL COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1934 CR 30A
PORT SAINT JOE, FL 32456

Current Mailing Address:

1934 CR 30A
PORT SAINT JOE, FL 32456 US

FEI Number: 59-3170257

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HILLEY, CAROLYN E
1934 CR 30A
PORT SAINT 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: CAROLYN E HILLEY

02/16/2017

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 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 HILLEY, CAROLYN E
Address 119 SAPODILLA LN
City-State-Zip: PORT SAINT 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, GENE
Address 5974 CR30A
City-State-Zip: PORT ST. JOE FL 32456

Title DIRECTOR
Name RINEHART, JANNA
Address 1934 CR 30A
City-State-Zip: PORT SAINT JOE FL 32456

Title SECRETARY
Name DULANY, LISSA
Address 245 BAY HIBISCUS DR
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: CAROLYN E HILLEY

TREASURER

02/16/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MURPHY, BRENDEN
Address 122 SUMMER HOUSE LANE
City-State-Zip: PORT ST. JOE FL 32456