

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 563854

**Entity Name:** LA COQUILLE VILLAS, INC.

**Current Principal Place of Business:**

100 EVANS LANE  
MANALAPAN, FL 33462

**Current Mailing Address:**

100 EVANS LANE  
MANALAPAN, FL 33462 US

**FEI Number:** 59-1814662

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NASON, YEAGER, GERSON, HARRIS & FUMERO, P.A.  
3001 PGA BOULEVARD  
SUITE 305  
PALM BEACH GARDENS, FL 33410 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 SECRETARY/DIRECTOR  
Name GERRITY, MARIA  
Address 550 S. OCEAN BLVD. VILLA 207D  
City-State-Zip: MANALAPAN FL 33462

Title PRESIDENT  
Name DAVIS, JOHN G  
Address 550 SOUTH OCEAN BLVD., VILLA 204E  
City-State-Zip: MANALAPAN FL 33462

Title VP  
Name EVANS, JR., ROBERT  
Address 119 EVANS LN  
City-State-Zip: MANALAPAN FL 33462

Title VP  
Name STAUFFER, STEPHEN  
Address 100 EVANS LN  
City-State-Zip: MANALAPAN FL 33462

Title TREASURER  
Name MURPHY, ROBERT  
Address 123 EVANS LN  
City-State-Zip: MANALAPAN FL 33462

Title DIRECTOR  
Name JONES, DEBRA  
Address 450 S. OCEAN BLVD. VILLA 204B  
City-State-Zip: MANALAPAN FL 33462

Title DIRECTOR  
Name THOMPSON, BRUCE  
Address 400 S. OCEAN BLVD VILLA 205A  
City-State-Zip: MANALAPAN FL 33462

Title DIRECTOR  
Name MCKONE, TIM  
Address 500 S. OCEAN BLVD VILLA 106C  
City-State-Zip: MANALAPAN FL 33462

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: STEPHEN STAUFFER**

**MANAGER**

**01/31/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           FARIES, SUSAN  
Address        400 S. OCEAN BLVD  
                  VILLA 106A  
City-State-Zip: MANALAPAN FL 33462

Title           DIRECTOR  
Name           WREN, KAY  
Address        115W EVANS LN  
City-State-Zip: MANALAPAN FL 33462