

**2018 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:** Yes

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

TURKO, MATTHEW  
660 U S HIGHWAY ONE  
THIRD FLOOR  
NORTH PALM BEACH, FL 33408 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:** MATTHEW TURKO

03/20/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP, DIRECTOR  
Name EVANS, ROBERT BJR  
Address 119 EVANS LANE  
City-State-Zip: MANALAPAN FL 33462

Title VPGM  
Name LUIZ, PAMELA J  
Address 100 EVANS LANE  
City-State-Zip: MANALAPAN FL 33462

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

Title PRESIDENT, DIRECTOR  
Name VAN ROIJEN, CHRISTOPHER  
Address 450 SOUTH OCEAN BLVD., VILLA 105C  
City-State-Zip: MANALAPAN FL 33462

Title SECRETARY, DIRECTOR  
Name MURPHY, MICHAEL  
Address 450 SOUTH OCEAN BLVD, VILLA 101C  
City-State-Zip: MANALAPAN FL 33462

Title ASST. SECRETARY, ASST. TREASURER  
Name CRAWLEY, LISA  
Address 100 EVANS LANE  
City-State-Zip: MANALAPAN FL 33462

*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:** PAMELA LUIZ

VP/GM

03/20/2018

Electronic Signature of Signing Officer/Director Detail

Date