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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767734** (7)

1. Corporation Name

THE COASTAL HERITAGE PRESERVATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

~~786 BAY GROVE RD~~
~~ALLEN LOOP DR~~
FREEPORT FL 32439
US

NO

786 BAY GROVE RD
FREEPORT FL 32439
US

3. Date Incorporated or Qualified

03/30/1983

4. FEI Number

59-2395237

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 786 Bay Grove Rd.

26 P.O. Box 2111

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Freeport, FL

28 Santa Rosa Beach, FL

24 Zip

Country

29 Zip

Country

24 32439

25 US

29 32459

30 US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURBACH, MARIANNE
786 BAY GROVE ROAD
~~ALLEN LOOP DR~~
FREEPORT FL 32439

→ Not part of Address
Delete

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Marianne Burbach, TD

Marianne Burbach

Jan. 6, 1998

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **LEHMKUHL, DON**
STREET ADDRESS **71 FAIRWAY DR**
CITY-ST-ZIP **SANTA ROSA BCH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **FLEET, ROBERT G**
STREET ADDRESS **71 FIRST COURT**
CITY-ST-ZIP **SANTA ROSA BCH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **COFFEEN, KAY**
STREET ADDRESS **6 MOCKINGBIRD LANE**
CITY-ST-ZIP **SANTA ROSA BEACH FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **BURBACH, MARIANNE**
STREET ADDRESS **786 BAY GROVE RD**
CITY-ST-ZIP **FREEPORT FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MCCALL, ANN**
STREET ADDRESS **85 LAKE DRIVE**
CITY-ST-ZIP **SANTA ROSA BCH FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **HAYNES, BETS**
STREET ADDRESS **2 HATZ AVENUE**
CITY-ST-ZIP **SANTA ROSA BCH FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Marianne Burbach** **REQUIRE**

January 6, 1998 (850)835-4728

CR2E037 (10/97)