## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000008950

FILED May 01, 2006 Secretary of State

Entity Name: COASTAL GROVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1727 S COUNTY HWY 393 1727 S COUNTY HWY 393

SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459 US

Current Mailing Address: New Mailing Address:

1727 S COUNTY HWY 393 1727 S COUNTY HWY 393

SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459 US

FEI Number: 20-4785052 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

WILLIAM S. HOWELL, JR., J.D., P.A. 1727 S COUNTY HWY 393 SANTA ROSA BEACH, FL 32459 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:

L. \_\_\_\_\_

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**OFFICERS AND DIRECTORS:** 

Title: D ( ) Delete Title: DP (X) Change ( ) Addition Name: STOKES, BARBARA Name: STOKES, BARBARA

Address: 4800 WHITESBURG DR - STE 30-351 Address: 4800 WHITESBURG DR - STE 30-351

City-St-Zip: HUNTSVILLA, AL 35802 City-St-Zip: HUNTSVILLA, AL 35802 US

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 HOLLINGSWORTH, JIMMIE (BEAU)
 Name:

 Address:
 1825 SHELBY LN
 Address:

 City-St-Zip:
 FAYETTEVILLE, AR 72704
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 KNIGHT, TRENT
 Name:

 Address:
 1825 SHELBY LN
 Address:

 City-St-Zip:
 FAYETTEVILLE, AR 72704
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARBARA STOKES DP 05/01/2006