

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004171

FILED  
Apr 05, 2010  
Secretary of State

**Entity Name:** COASTAL CREEK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

12058 SAN JOSE BLVD.  
SUITE 904  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 600033  
JACKSONVILLE, FL 32260

**New Mailing Address:**

**FEI Number:** 20-8944239

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PROPERTY MANAGEMENT PARTNERS OF ST. JOHNS  
12058 SAN JOSE BLVD.  
SUITE 904  
JACKSONVILLE, FL 32223 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COCHRAN, TARA  
Address: P. O. BOX 600033  
City-St-Zip: JACKSONVILLE, FL 32260

Title: VP  
Name: TALBERT, PEGGY  
Address: P. O. BOX 600033  
City-St-Zip: JACKSONVILLE, FL 32260

Title: S  
Name: LESESNE, MAURICE  
Address: P. O. BOX 600033  
City-St-Zip: JACKSONVILLE, FL 32260

Title: T  
Name: WARD, JONE  
Address: P. O. BOX 600033  
City-St-Zip: JACKSONVILLE, FL 32260

Title: D  
Name: OKIE, DENISE  
Address: P. O. BOX 600033  
City-St-Zip: JACKSONVILLE, FL 32260

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:** TARA COCHRAN

PRES

04/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date