

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010661

FILED  
Feb 20, 2012  
Secretary of State

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

**Current Principal Place of Business:**

3434 BLANDING BLVD  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 40606  
JACKSONVILLE, FL 32203

**New Mailing Address:**

**FEI Number:** 27-4715732

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMON, BERT C  
1660 PRUDENTIAL DRIVE SUITE 203  
JACKSONVILLE, FL 32207 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:** PD  
**Name:** RAY, DAVID  
**Address:** PO BOX 40606  
**City-St-Zip:** JACKSONVILLE, FL 32203

**Title:** VD  
**Name:** CHUPP, CARRIE  
**Address:** PO BOX 40606  
**City-St-Zip:** JACKSONVILLE, FL 32203

**Title:** STD  
**Name:** COX, SHERRI  
**Address:** PO BOX 40606  
**City-St-Zip:** JACKSONVILLE, FL 32203

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:** SHERRI COX

STD

02/20/2012

Electronic Signature of Signing Officer or Director

Date