

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49039

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** COASTAL COVE I ASSOCIATION, INC.

**Current Principal Place of Business:**

3211 N A1A  
FORT PIERCE, FL 34949

**New Principal Place of Business:**

**Current Mailing Address:**

3211 N A1A  
FORT PIERCE, FL 34949

**New Mailing Address:**

3415 N A1A  
FORT PIERCE, FL 34949

**FEI Number:** 65-0513737

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONLEY, KIMBERLY S  
3211 N A1A  
FORT PIERCE, FL 34949 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: CONLEY, KIMBERLY  
Address: 3417 N. A1A  
City-St-Zip: FT PIERCE, FL

Title: SD  
Name: SCOTTI, SUSAN A  
Address: 3415 N. A1A  
City-St-Zip: FORT PIERCE, FL 34949

Title: VP  
Name: LABELLE, KATHY  
Address: 3417 N A1A  
City-St-Zip: FORT PIERCE, FL 34949

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:** SUSAN SCOTTI

SD

01/06/2010

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

\_\_\_\_\_  
Date