

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N51314

FILED
Apr 08, 2009
Secretary of State

Entity Name: COASTAL COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

6112 CAPE SAN BLAS RD
PORT SAINT JOE, FL 32456 US

New Principal Place of Business:

617 MARVIN AVENUE
PORT SAINT JOE, FL 32456 US

Current Mailing Address:

P.O. BOX 544
PT. ST JOE, FL 32547 US

New Mailing Address:

FEI Number: 59-3170257 **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:

WESTON, CHARLES W
6112 CAPE SAN BLAS RD
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

GRIFFITH, SHARON
951 CAPE SAN BLAS RD
PORT ST. JOE, FL 32456 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: SHARON GRIFFITH

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: ANDERSON, JIM
Address: 390 GULF PINES DR
City-St-Zip: PORT ST JOE, FL 32456

Title: T () Delete
Name: ANDERSON, REX
Address: 5540 CAPE SAN BLAS RD
City-St-Zip: PORT ST JOE, FL 32456

Title: S () Delete
Name: LARSEN, MELISSA
Address: 1291 COUNTRY CLUB RD
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D () Delete
Name: CAUGHEY, BETTY
Address: 273 FLORIDA AVE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: P () Delete
Name: HARDMAN, PATRICIA
Address: 123 MARINER LANE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D (X) Delete
Name: JOHNSON, PAT
Address: 128 BOARDWALK AVE
City-St-Zip: PORT SAINT JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: GRIFFITH, SHARON
Address: 591 CAPE SAN BLAS RD.
City-St-Zip: PORT ST JOE, FL 32456

Title: S (X) Change () Addition
Name: KROLL, PAULA
Address: 193 N. SEMINOLE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA K. HARDMAN

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date