## 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:		New Prince	New Principal Place of Business:	
	SAN BLAS RD JOE, FL 32456	US		'IN AVENUE NT JOE, FL 32456 US
Current Mailing Address:		New Mailing Address:		
P.O. BOX 544 PT. ST JOE, F				
	with s. 607.193(2)(b), I	umber Applied For()  FE S., the corporation did not rec Registered Agent:		
iaille allu Au	udiess of Current	Registered Agent.	Name and	Address of New Registered Agent.
VESTON, CHARLES W 1112 CAPE SAN BLAS RD PORT ST. JOE, FL 32456 US		951 CAPE	GRIFFITH, SHARON 951 CAPE SAN BLAS RD PORT ST. JOE, FL 32456 US	
The above nar	ımed entity submits f Florida.	this statement for the purpo	se of changing	its registered office or registered agent, or both
SIGNATURE:	: SHARON GRIFF	TITH		04/08/2009
	Electronic Sign	ature of Registered Agent		Date
)FFICERS A	Electronic Sign	ature of Registered Agent	ADDITION	Date NS/CHANGES TO OFFICERS AND DIRECTO
	AND DIRECTORS:	ature of Registered Agent		NS/CHANGES TO OFFICERS AND DIRECTO
ïtle: V	AND DIRECTORS:	ature of Registered Agent	ADDITION Title: Name:	
itle: V ame: AN ddress: 39	AND DIRECTORS:  ( ) Delete  NDERSON, JIM  90 GULF PINES DR		Title: Name: Address:	NS/CHANGES TO OFFICERS AND DIRECTO
itle: V lame: AN ddress: 39	AND DIRECTORS:  ( ) Delete  NDERSON, JIM		Title: Name:	NS/CHANGES TO OFFICERS AND DIRECTO
itle: V lame: AN ddress: 39 city-St-Zip: PC	( ) Delete NDERSON, JIM 90 GULF PINES DR PORT ST JOE, FL 3246		Title: Name: Address: City-St-Zip: Title:	T (X) Change ( ) Addition
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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