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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00493 (7)
1. Corporation Name
COASTAL CONSERVATION ASSOCIATION, INC.



Principal Place of Business 905 EAST PARK AVENUE TALLAHASSEE FL 32301-9646	Mailing Address 1890 SEMORAN BLVD SUITE 355 WINTER PARK FL 32792 US
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3. Date Incorporated or Qualified 12/27/1983	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 74-1984482		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

**FORSGREN, TED
905 EAST PARK AVENUE
TALLAHASSEE FL 32301-9646**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DVP <input type="checkbox"/> DELETE
NAME	JERREMS, SCOTT
STREET ADDRESS	904 E PARK AVE
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	NETTLER, TIM
STREET ADDRESS	733 JACANA WAY
CITY-ST-ZIP	NORTH PALM BCH FL
TITLE	DC <input checked="" type="checkbox"/> DELETE
NAME	OGLESBY, BOB
STREET ADDRESS	905 EAST PARK AVENUE
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	DVC <input type="checkbox"/> DELETE
NAME	FUESS, TOM
STREET ADDRESS	905 EAST PARK AVENUE
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	HOLCOMB, KEITH
STREET ADDRESS	905 E PARK AVE
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	CANNON, RICK
STREET ADDRESS	905 EAST PARK AVENUE
CITY-ST-ZIP	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DVC, Nettles, Tim
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PD Brewer, Chester
3.3 STREET ADDRESS	905 East Park Avenue
3.4 CITY-ST-ZIP	Tallahassee, Fla.
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DC
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SD Smith, Stuart
5.3 STREET ADDRESS	905 East Park Avenue
5.4 CITY-ST-ZIP	Tallahassee, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 1-28-98 941-466-2536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)