

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90001 045 \*\*\*\*61.25

**DOCUMENT # P00493**

1. Entity Name

COASTAL CONSERVATION ASSOCIATION, INC.



Principal Place of Business

905 EAST PARK AVENUE  
TALLAHASSEE FL 32301-9646

Mailing Address

3333 S. ORANGE AVE.  
SUITE 103  
ORLANDO FL 32806  
US

04017000



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

74-1984482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORSQREN, TED  
905 EAST PARK AVENUE  
TALLAHASSEE FL 32301-9646

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	HENDRY, ERNIE	
STREET ADDRESS	13650 METROPOLIS AVENUE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	VC	<input type="checkbox"/> Delete
NAME	KENNEDY, MIKE	
STREET ADDRESS	902 TURNER QUAY	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOWTON, DAVID	
STREET ADDRESS	PO BOX 185	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BURTON, ROBERT	
STREET ADDRESS	1665 PALM BEACH LAKES BOULEVARD	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, STUART	
STREET ADDRESS	PO BOX 434	
CITY-ST-ZIP	BROOKSVILLE FL 34605	
TITLE	T	<input type="checkbox"/> Delete
NAME	PINDER, JOHN	
STREET ADDRESS	1931 LEGION DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32789	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE REIGER	
STREET ADDRESS	566 PONCA ST	
CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEN KIDD	
STREET ADDRESS	C/O COLONIAL BANK	
CITY-ST-ZIP	5220 SUMMER LN Commons Blvd, STE 200	
	FT MYERS, FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-04

407-628-0685

Date

Daytime Phone #