

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90019 010 ****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

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, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P VC** ☐ Delete
NAME **GEIGER, GEORGE**
STREET ADDRESS **566 PONOKA ST.**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **VC** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☒ Delete
NAME **KENNEDY, MIKE**
STREET ADDRESS **902 TURNER QUAY**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **P** ☐ Change ☒ Addition
NAME **Mark Carter**
STREET ADDRESS **2932 Bower Road**
CITY-ST-ZIP **Winter Park, FL 32792**

TITLE **VC C** ☐ Delete
NAME **HOWTON, DAVID**
STREET ADDRESS **PO BOX 185**
CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE **C** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **KIDD, KEN**
STREET ADDRESS **5220 SUMMERLIN COMMONS BLVD. STE 200**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **S** ☐ Delete
NAME **SMITH, STUART**
STREET ADDRESS **PO BOX 434**
CITY-ST-ZIP **BROOKSVILLE FL 34605**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME **PINDER, JOHN**
STREET ADDRESS **1931 LEGION DRIVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

Gary Hill General Manager 407 854-7062