

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90428 044 \*\*\*\*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

**1890 SEMORAN BLVD  
SUITE 355  
WINTER PARK FL 32792  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**3333 S. ORANGE AVE.**

Suite, Apt. #, etc.

**SUITE 103**

City & State

**ORLANDO FL**

Zip

**32806**

Country

**USA**

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

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

7. Name and Address of New Registered Agent

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

**1/10/03**

**FILE NOW: FEE IS \$61.25.**

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	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>HENDRY, ERNIE</b>	
STREET ADDRESS	<b>13650 METROPOLIS AVENUE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33912</b>	
TITLE	<b>VC</b>	<input type="checkbox"/> Delete
NAME	<b>KENNEDY, MIKE</b>	
STREET ADDRESS	<b>902 TURNER QUAY</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CANNON, RICHARD H</b>	
STREET ADDRESS	<b>6639 CRESCENT LK. DR.</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BURTON, ROBERT</b>	
STREET ADDRESS	<b>1665 PALM BEACH LAKES BOULEVARD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, STUART</b>	
STREET ADDRESS	<b>1890 SEMORAN BOULEVARD</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>PINDER, JOHN</b>	
STREET ADDRESS	<b>1931 LEGION DRIVE</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAVID HOWTON</b>	
STREET ADDRESS	<b>P.O. Box 185</b>	
CITY-ST-ZIP	<b>NEWBERRY, FL 32669</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STUART SMITH</b>	
STREET ADDRESS	<b>P.O. Box 434</b>	
CITY-ST-ZIP	<b>BROOKSVILLE, FL 34605</b>	
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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan. 8, 2003 407-854-7002**

CR2E037 (10/02)