

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000151859

FILED
Mar 08, 2009
Secretary of State

Entity Name: COASTAL COMMUNITY ASSOCIATION MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

955 SE FED HWY
202
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

955 SE FED HWY
202
STUART, FL 34994

New Mailing Address:

FEI Number: 20-3800369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATRICK, DANIEL L
1109 SE OSCEOLA STREET
STUART, FL 34996 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BUTLER, SUZIE L
Address: 1109 SE OSCEOLA STREET
City-St-Zip: STUART, FL 34996 US

Title: VP () Delete
Name: ELIZABETH, GOIN M
Address: 2144 SW OAKWATER POINTE
City-St-Zip: PALM CITY, FL 34990 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ELIZABETH, GOIN M
Address: 2969 SW BRIGHTON WAY
City-St-Zip: PALM CITY, FL 34990 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZIE BUTLER

PRES

03/08/2009

Electronic Signature of Signing Officer or Director

Date