

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005206

Entity Name: COAST AQUATICS INC**Current Principal Place of Business:**204 BUCK DRIVE NE
FORT WALTON BEACH, FL 32548**Current Mailing Address:**PO BOX 1600
FORT WALTON BEACH, FL 32549 US**FEI Number:** 27-0096004**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STROM, TRACY
204 BUCK DRIVE NE
FORT WALTON BEACH, FL 32548 US*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**Officer/Director Detail :**

Title	TREASURER
Name	BALENT, ANGELA
Address	113 SLEEPY OAKS RD
City-State-Zip:	FORT WALTON BEACH FL 32548

Title	MEMBER
Name	VELEZ, TANIA
Address	372 BROOKWOOD BLVD.
City-State-Zip:	MARY ESTHER FL 32569

Title	PRESIDENT
Name	HORRIGAN, LYNN
Address	319 EVERGREEN AVENUE
City-State-Zip:	NICEVILLE FL 32578

Title	VP
Name	WHITE, JACKIE
Address	139 SIBERT AVE UNIT 9
City-State-Zip:	DESTIN FL 32541

Title	SECRETARY
Name	MCGUIRK, JEFF
Address	79 POQUITO ROAD
City-State-Zip:	SHALIMAR FL 32579

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANGELA D. BALENT**TREASURER****04/16/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date