

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11349

**Entity Name:** HARBOUR POINTE AT CAMACHEE ISLAND CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 07, 2023**  
**Secretary of State**  
**8543398524CC**

**Current Principal Place of Business:**

3070 HARBOR DR  
SAINT AUGUSTINE, FL 32084

**Current Mailing Address:**

C/O COASTAL REALTY  
3942 A1A SOUTH  
SAINT AUGUSTINE, FL 32080 US

**FEI Number: 59-2785680**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COASTAL REALTY & PROPERTY MANAGEMENT  
3942 A1A SOUTH  
SAINT AUGUSTINE, FL 32080 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: JUDY ALLIGOOD**

**03/07/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP, SECRETARY	Title	PRESIDENT
Name	MACE, CHARLES	Name	AMIG, ERIC
Address	C/O COASTAL REALTY & PROPERTY MGMT. INC. 3942 A1A SOUTH	Address	C/O COASTAL REALTY & PROPERTY MGMT. INC. 3942 A1A SOUTH
City-State-Zip:	ST. AUGUSTINE FL 32080	City-State-Zip:	ST. AUGUSTINE FL 32080
Title	TREASURER	Title	OFFICER
Name	OTTO, CARRIE	Name	ALLIGOOD, JUDY
Address	C/O COASTAL REALTY 3942 A1A SOUTH	Address	C/O COASTAL REALTY 3942 A1A SOUTH
City-State-Zip:	SAINT AUGUSTINE FL 32080	City-State-Zip:	SAINT AUGUSTINE FL 32080

*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: JUDY ALLIGOOD**

**MANAGER**

**03/07/2023**

Electronic Signature of Signing Officer/Director Detail

Date