

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11349

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

**FILED**  
**Mar 13, 2018**  
**Secretary of State**  
**CC7332327220**

**Current Principal Place of Business:**

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

03/13/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, TREASURER  
Name            PARROTT, MARIA  
Address        C/O COASTAL REALTY  
                  3942 A1A SOUTH  
City-State-Zip: SAINT AUGUSTINE FL 32080

Title            VP  
Name            PIERCE, KEN  
Address        C/O COASTAL REALTY  
                  3942 A1A SOUTH  
City-State-Zip: SAINT AUGUSTINE FL 32080

Title            MANAGER  
Name            ALLIGOOD, JUDY  
Address        C/O COASTAL REALTY  
                  3942 A1A SOUTH  
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

03/13/2018

Electronic Signature of Signing Officer/Director Detail

Date