**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 12, 2021**
**Secretary of State**
**9869399908CC**

DOCUMENT# N51314

**Entity Name:** COASTAL COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

1934 CR 30A
PORT SAINT JOE, FL 32456

**Current Mailing Address:**

1934 CR 30A
PORT SAINT JOE, FL 32456 US

**FEI Number: 59-3170257**

**Certificate of Status Desired:** No

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

HILLEY, CAROLYN E
119 SAPODILLA LANE
PORT SAINT JOE, FL 32456 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: CAROLYN E HILLEY 03/12/2021

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | VP |
| Name | BEHAGE, GENE |
| Address | 5974 COUNTY ROAD 30A |
| City-State-Zip: | PORT ST JOE FL 32456 |

| | |
|---|---|
| Title | PRESIDENT |
| Name | HARDMAN, PATRICIA |
| Address | 123 MARINER LANE |
| City-State-Zip: | PORT SAINT JOE FL 32456 |

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|---|---|
| Title | DIRECTOR |
| Name | THOMPSON, JERRY |
| Address | 971 INDIAN PASS ROAD |
| City-State-Zip: | PORT ST JOE FL 32456 |

| | |
|---|---|
| Title | SECRETARY |
| Name | DULANY, LISSA |
| Address | 245 BAY HIBISCUS DR |
| City-State-Zip: | PORT ST. JOE FL 32456 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | KLINE, BOYD |
| Address | 3607 CAPE SAN BLAS RD |
| City-State-Zip: | PORT SAINT JOE FL 32456 |

| | |
|---|---|
| Title | TREASURER |
| Name | HILLEY, CAROLYN E |
| Address | 119 SAPODILLA LN |
| City-State-Zip: | PORT SAINT JOE FL 32456 |

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|---|---|
| Title | DIRECTOR |
| Name | RINEHART, JANNA |
| Address | 1934 CR 30A |
| City-State-Zip: | PORT SAINT JOE FL 32456 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | MURPHY, BRENDAN |
| Address | 122 SUMMER HOUSE LANE |
| City-State-Zip: | PORT ST. JOE FL 32456 |

**Continues on page 2**

*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: CAROLYN HILLEY TREASURER 03/12/2021

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | EDWARDS, BUDDY |
| Address | 551 GULF PINES DRIVE |
| City-State-Zip: | PORT SAINT JOE FL 32456 |