

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748986 (7)
1. Corporation Name

COASTAL II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: C/O MARQUIS MANAGEMENT, 12563 NEW BRITTANY BLVD, FT. MYERS FL 33907
Mailing Address: C/O MARQUIS MANAGEMENT, 12563 NEW BRITTANY BLVD, FT. MYERS FL 33907

3. Date Incorporated or Qualified: 09/19/1979
3a. Date of Last Report: 02/16/1995

2. Principal Place of Business: 21 12661 NEW BRITTANY BLVD, 22 Suite, Apt. #, etc., 23 City & State, 24 Zip, 25 Country
2a. Mailing Address: 26 12661 NEW BRITTANY BLVD, 27 Suite, Apt. #, etc., 28 City & State, 29 Zip, 30 Country

4. FEI Number: 59-2034469
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: STILPHEN, PETER, C/O MARQUIS MANAGEMENT, 12563 NEW BRITTANY BLVD, FT. MYERS FL 33907

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable): 12661 NEW BRITTANY BLVD., 83, 84 City, FL, 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Each change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Peter A. Stilphen, PETER A. STILPHEN, 3/26/96
Signature typed or printed name of registered agent (if applicable) (NOTE: Registered Agent signature required when receding) DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FENDLER, ROBERT	
STREET ADDRESS	4018 S.E. 12TH AVE.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUDESCHER, JIM	
STREET ADDRESS	4018 SE 12TH AVE	
CITY-ST-ZIP	CAPE CORAL, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RENO, MRS.	
STREET ADDRESS	4012 SE 12TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DOMINICK, MRS. B.	
STREET ADDRESS	4012 SE 12TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SAAH, AMELIA	
STREET ADDRESS	4012 S.E. 12TH AVE.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gilbertson, Lloyd	
1.3 STREET ADDRESS	4012 SE 12th Ave. #210	
1.4 CITY-ST-ZIP	Cape Coral, Fl.	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lee Fendler, LEE FENDLER, 3/26/96, 939-3461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr. #

CR2E037 (12/95)