

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90045 022 \*\*\*\*61.25

**DOCUMENT # 748986**

1. Entity Name

**COASTAL II CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O THE MANAGEMENT CONNECTION, INC.  
 13400 S CLEVELAND AVE #203  
 FT MYERS FL 33907  
 US

C/O THE MANAGEMENT CONNECTION, INC.  
 13400 S CLEVELAND AVE #203  
 FT MYERS FL 33907-3897  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

8270 College Pkwy #103

Suite, Apt. #, etc.

8270 College Pkwy #103

City & State

City & State

4. FEI Number

59-2034469

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip  
33919

Country  
USA

Zip  
33919

Country  
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREDEN, ARLENE A  
 THE MANAGEMENT CONNECTION, INC  
 13400 S CLEVELAND AVE #203  
 FT MYERS FL 33907

Name

Street Address (P.O. Box Number is Not Acceptable)

8270 College Pkwy # 103

City

FL

Zip Code  
33919

8. 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 *Arlene A. Freden CAM* *Registered Agent for Coastal II* 3/10/00  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>WEBBER, SIDNEY<br>4018 SE 12TH AVENUE #206<br>CAPE CORAL FL 33904     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>KANAGIE, DENNIS<br>4012 SE 12TH AVENUE #207<br>CAPE CORAL FL 33904    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BANASZAK, JOSEPH H<br>4018 SE 12TH AVENUE #204<br>CAPE CORAL FL 33904 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

|  |     |  |
|--|-----|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dennis Kanagie* DENNIS KANAGIE  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00 (94) 415-7400  
 Date Daytime Phone #

CR2E037 (9/99)