

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90445 021 \*\*\*\*61.25

**DOCUMENT # 748986**  
 1. Entity Name  
**COASTAL II CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**4018 SE 12TH AVE**  
**CAPE CORAL, FL 33904 US**

Mailing Address  
**C/O AMERICAN CONDO MGMT.**  
**P.O. BOX 100399**  
**FORT MYERS, FL 33-91-8 US**

**14016480**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04272004 Chg-NP CR2E037 (10/03)

City & State  
**CAPE CORAL, FL**

4. FEI Number  
**59-2034469**

Applied For  
 Not Applicable

Zip  
**33910**

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KASE, SUSAN**  
**C/O AMERICAN CONDO MGMT**  
**909 SE 47TH TERRACE SUITE 105**  
**CAPE CORAL, FL 33904**

**7. Name and Address of New Registered Agent**

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **TD**  Delete  
 NAME **WEBBER, SIDNEY**  
 STREET ADDRESS **4018 SE 12TH AVENUE #206**  
 CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **LUDESCHER, JIM**  
 STREET ADDRESS **4018 SE 12TH AVENUE 205**  
 CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **BARTO, ROBERT**  
 STREET ADDRESS **4018 SE 12TH AVE., #202**  
 CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **SHELTON, PHYLLIS**  
 STREET ADDRESS **4018 SE 12TH AVE 103**  
 CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **RAY PERRON**  
 STREET ADDRESS **4018 SE 12TH AVE, #101**  
 CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Sidney K. Webber **4/29/04**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #