
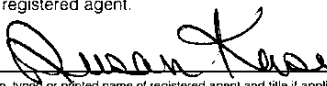

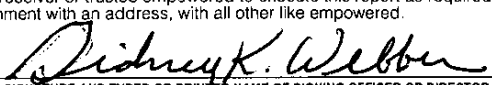


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90154 031 \*\*\*\*61.25

<b>DOCUMENT # 748986</b>					
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 CAPE CORAL, FL 33910 US		
C/O American Condo Mgmt					
2. Principal Place of Business 615 Cape Coral Pkwy W #103		3. Mailing Address #103		02272006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CAPE CORAL, FL		City & State		4. FEI Number 59-2034469	
Zip 33914		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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)		
			615 Cape Coral Pkwy W #103 City CAPE CORAL FL Zip Code 33914		
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 		(NOTE: Registered Agent signature required when reinstating)		DATE 	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEBBER, SIDNEY		NAME		
STREET ADDRESS	4018 SE 12TH AVENUE #206		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRAFT, RICHARD		NAME		
STREET ADDRESS	4012 SE 12TH AVE, # 210		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUDESCHER, JIM		NAME		
STREET ADDRESS	4018 SE 12TH AVE, # 205		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHELTON, PHYLLIS		NAME		
STREET ADDRESS	4018 SE 12TH AVE 103		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERRON, RAY		NAME		
STREET ADDRESS	4018 SE 12TH AVE #101		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
				Daytime Phone #	