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NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **743159** **(6)**

1. Corporation Name

COASTAL ESTATES, INC.

Principal Place of Business	Mailing Address
11100 BALLWEG LANE FT MYERS FL 33908-3327 US	11100 BALLWEG LANE FORT MYERS FL 33908-3327 US

3. Date Incorporated or Qualified: 06/07/1978
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business
21 11006 Ballweg Lane
Suite, Apt. #, etc.
22 Fort Myers, Florida
City & State
23
Zip 24 33908 Country 25 USA

2a. Mailing Address
26 11006 Ballweg Lane
Suite, Apt. #, etc.
27 Fort Myers, Florida
City & State
28
Zip 29 33908 Country 30 USA

4. FEI Number: 59-1884444 ☐ 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

ELIZABETH K, BOGERT
11100 BALLWEG LANE
FORT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable) 11006 Ballweg Lane
83 Fort Myers
84 City FL 85 Zip Code 33908

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. Such 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 Elizabeth K. Bogert, P/T/D 2-14-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD BOGERT, ELIZABETH K 11100 BALLWEG LANE FT MYERS, FL 00000	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	11006 Ballweg Lane	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REED, MARTHA A 11101 BALLWEG LANE FT MYERS, FL 00000	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLIFFORD, DENNIS 11040 BALLWEG LANE FT MYERS FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HART, MARY 11081 BALLWEG LANE FT MYERS FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VD 11080 Ballweg Lane	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Marilyn Beran 11200 Bombay Lane Fort Myers, Fl 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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 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: Elizabeth K. Bogert 2-14-97 941-466-9571
SIGNATURE AND TYPED OR PRINTED NAME OF MANNING OFFICER OR DIRECTOR Date Daytime Phone # 0056258