

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743159

FILED  
Apr 06, 2010  
Secretary of State

**Entity Name:** COASTAL ESTATES, INC.

**Current Principal Place of Business:**

11091 BOMBAY LANE  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

11091 BOMBAY LANE  
FORT MYERS, FL 33908 US

**New Mailing Address:**

**FEI Number:** 59-1884444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KIRK, JAMES  
11091 BOMBAY LANE  
FORT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KIRK, JAMES  
Address: 11091 BOMBAY LANE  
City-St-Zip: FORT MYERS, FL 33908 US

Title: BM  
Name: STIFFEY, RICHARD  
Address: 11271 BOMBAY LANE  
City-St-Zip: FORT MYERS, FL 33908

Title: T  
Name: PARMENTER, PATSY  
Address: 11130 BOMBAY LANE  
City-St-Zip: FORT MYERS, FL 33908

Title: AS  
Name: KIRKPATRICK, DIANE  
Address: 11051 BOMBAY LANE  
City-St-Zip: FORT MYERS, FL 33908

Title: VP  
Name: MILLER, TONY  
Address: 16230 CYNTHIA COURT  
City-St-Zip: FORT MYERS, FL 33908

Title: S  
Name: KELLIHER, DEBBIE  
Address: 11061 BOMBAY LANE  
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES KIRK

PRES

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date