

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90041 048 ****61.25

DOCUMENT # 707645 1. Entity Name COASTAL WINDS SOUTH INC					
Principal Place of Business 743 N RIVERSIDE DR POMPNO BCH, FL 33062			Mailing Address 743 N RIVERSIDE DR POMPNO BCH, FL 33062		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1162328	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent D'ORAZIO, MARY 743 N RIVERSIDE DRIVE 5B POMPAÑO BEACH, FL 33062				7. Name and Address of New Registered Agent Name PATRICIA VAN ZANDT Street Address (P.O. Box Number is Not Acceptable) 743 N. RIVERSIDE DRIVE APT 8C City Pompano Beach FL Zip Code 33062	
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 <i>Patricia VanZandt</i> 5/10/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	T VAN ZANDT, ROBERT 742 N RIVERSIDE DRIVE POMPAÑO BEACH, FL 33062	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARUSO, JOSEPH 743 N RIVERSIDE DR #2C POMPAÑO BEACH, FL 33062	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, BEVERLY 743 N. RIVERSIDE POMPAÑO BEACH, FL 33062	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARANO, LOUIS 743 N RIVERSIDE DR #3-C POMPAÑO BEACH, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARY D'ORAZIO 743 N RIVERSIDE DR #5-B POMPAÑO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONNOR, RUTH ANN 743 N RIVERSIDE DRIVE, # 1A POMPAÑO BCH, FL 33062	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			

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 #

ATTACHMENT
40092053

#707645

COSTAL WINDS SOUTH, INC
743 N. RIVERSIDE DRIVE
POMPANO BEACH, FL 33062

March 10, 2006

TO: DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 323-1500

Dear Sirs:

Enclosed, please find our check, annual report and correspondence from the Department of Revenue.

We filed our Annual Report on time; but somehow, the mail was delivered to the Department of Revenue instead of the Division of Corporations.

The Department of Revenue just returned the check today; but did not return the copy of the annual report. So, we have completed a new report with the change of new officers.

Please accept our apologies. Waive any penalty as we did in good faith mail the report and check on time. The mail was misdirected to the Department of Revenue.

Sincerely Yours,



Patricia Van Zandt, Secretary

COASTAL WINDS SOUTH, INC.
743 N. RIVERSIDE DR.
POMPANO BEACH, FL 33062

ATTACHMENT

40092053

1975

63-643/670
BRANCH 88410

#707645

DATE

4-3-06

PAY TO THE ORDER OF FLORIDA DEPARTMENT OF STATE \$ 61.25
SIXTY ONE 25/100 DOLLARS



WACHOVIA

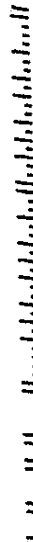
Wachovia Bank, N.A.
wachovia.com

FOR INCOME TAX RETURN

[Signature]

MP

UNITED STATES POSTAGE
02 1A
\$ 00.390
0004394022 MAY 08 2006
MAILED FROM ZIP CODE 32304



33062+4548-99 C006

MENT OF REVENUE
ESSEE ST
L 32399-0100

ATTACHMENT 40092053



DEPARTMENT OF REVENUE #707645

TALLAHASSEE, FLORIDA 32399-0100

General Tax Administration
Child Support Enforcement
Property Tax Administration
Administrative Services
Information Services

Jim Zingale
Executive Director

MAY 05, 2006

COASTAL WINDS SOUTH, INC.
743 N RIVERSIDE DRIVE

POMPANO BEACH, FL 33062

CK#1975
AMT:\$61.25
SCREENER:1391

We are returning remittance (s) listed below for the following reasons, as indicated by an X.

XX Check/Money Order/Document(s) sent to Florida Department of Revenue in error.

Unable to identify- if this remittance is for taxes administered by the Florida Department of Revenue, please enclose appropriate tax return with your tax identification number and return to the address indicated below.

If this is in payment of Federal taxes, please send to the Internal Revenue Service Center, Atlanta, Georgia 39901.

Your check or money order is not payable to the Florida Department of Revenue and/or is incomplete. Actual payment of taxes cannot be accounted for until this Department receives a correctly completed valid check or money order.

We are returning the attached documentation relating to vehicle title, registration and/or vehicle license tag. The Florida Department of Highway Safety and Motor Vehicles or the local tax collector/tag agency should be contacted. You may contact the Florida Department of Highway Safety, Title & Registration at (850) 488-3881.

Postal Damage- Your remittance has been damaged by the postal process. We are returning your damaged property. Please complete and forward the enclosed coupon with your response.

Other:

Please include this correspondence and any postmarked envelope(s) along with your response to:

Florida Department of Revenue
Return & Revenue Processing
5067 Tennessee Capital Blvd., Bldg L
Tallahassee, FL 32399-0100