

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 708801 (6)
1. Corporation Name
COASTAL PLAYERS, INC.



Principal Place of Business

Mailing Address

**183 TEQUESTA DR
TEQUESTA FL 33469
US**

**P. O. BOX 1641 N/A
JUPITER FL 33468
US**

3. Date Incorporated or Qualified

04/13/1965

4. FEI Number

59-6504634

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 700 PARK AVENUE

26 Suite, Apt. #, etc.

22

27

City & State

City & State

23 LAKE PARK

28

Zip

Country

Zip

Country

24 33403

25 USA

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EMLEY, ROYCE
4915 CARIBBEAN CT
TEQUESTA FL 33469**

81 Name

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

83

84 City

FL

85 Zip Code

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

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 **D** ☒ DELETE
NAME **WILCOX, JUDIE**
STREET ADDRESS **19785 CASTLEWOOD DR**
CITY-ST-ZIP **JUPITER FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BERLIN, GRETA**
STREET ADDRESS **1116 RAINWOOD CIR**
CITY-ST-ZIP **PALM BCH GDNS FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **EMLEY, SUSAN**
STREET ADDRESS **4915 CARIBBEAN CT.**
CITY-ST-ZIP **TEQUESTA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **JOSEPHSON, BEVERLY**
STREET ADDRESS **19961 SEABROOK RD**
CITY-ST-ZIP **TEQUESTA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MCPOLAND, PATRICK**
STREET ADDRESS **1040 TWELVE OAKS WAY**
CITY-ST-ZIP **N PALM BCH FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **EMLEY, ROYCE**
STREET ADDRESS **4915 CARIBBEAN CT**
CITY-ST-ZIP **TEQUESTA FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

Royce Emley

Nov 26/98 51-6224364

CR2E037 (10/97)