

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90193 006 ****61.25

DOCUMENT # 14882

1. Entity Name

COASTAL VII APTS INC



Principal Place of Business

2200 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009

Mailing Address

2200 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1232428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

BARANEK, STANLEY
2200 E. HALLANDALE BEACH BLVD.
APT 308
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SEC
NAME BELZ, STEVE ☐ Delete
STREET ADDRESS 5144 NE 18TH TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE VP
NAME STEINBERG, HY ☐ Delete
STREET ADDRESS 2200 E HALLANDALE BCH BLVD, APT 310
CITY-ST-ZIP HALLANDALE FL 33009

TITLE BA
NAME BILAN, WERONIKA ☐ Delete
STREET ADDRESS 2200 E HALLANDALE BCH BLVD APT 308
CITY-ST-ZIP HALLANDALE FL 33009

TITLE TREA
NAME CARABULEA, EVELINE ☒ Delete
STREET ADDRESS 2200 E HALLANDALE BCH BLVD APT 204
CITY-ST-ZIP HALLANDALE FL 33009

TITLE M
NAME BAMBI, LINDA ☒ Delete
STREET ADDRESS 2200 E HALLANDALE BCH BLVD, APT 307
CITY-ST-ZIP HALLANDALE FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME BAMBI, LINDA
STREET ADDRESS 2200 E HALLANDALE BCH BLVD APT 307
CITY-ST-ZIP HALLANDALE FL 33009

TITLE TREA ☐ Change ☒ Addition
NAME OLIVEIRA CELIA
STREET ADDRESS 2200 E HALLANDALE BCH BLVD APT 410
CITY-ST-ZIP

TITLE M ☒ Change ☐ Addition
NAME BARANEK, STANLEY
STREET ADDRESS 2200 E HALLANDALE BCH BLVD APT 508
CITY-ST-ZIP HALLANDALE FL 33009

TITLE M ☐ Change ☒ Addition
NAME GONZALEZ, ANGEL
STREET ADDRESS 100 GOLDEN ISLE DR APT 1210
CITY-ST-ZIP HALLANDALE FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Weronika Bilan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06 954-454-0363

Date

Daytime Phone #