FILED
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Secretary of Stat

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 717315
Entity Name
ACOAST CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
C/O WOODS MGT. 2740 WEST 5TH AVE. HIALEAH, FL 33010	C/O WOODS MGT. 2740 WEST 5TH AVE. HIALEAH, FL 33010

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01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1763749 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DELGADO, JOAQUIN R
WOODS MANAGEMENT CORPORATION OF FLORIDA
2740 WEST 5 AVE.
HIALEAH, FL 33010

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PERNAS, NEFTAILI
STREET ADDRESS	8217 ABBOTT AVENUE #4
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	DST
NAME	GONZALEZ, ERNESTO
STREET ADDRESS	8217 ABBOTT AVENUE #6
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	DVP
NAME	RODRIGUEZ, LUISA
STREET ADDRESS	8217 ABBOTT AVENUE # 1
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	D
NAME	LEMUS, MARIA
STREET ADDRESS	8217 ABBOTT AVENUE # 1
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/11/05-80036-009 61.25

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12. 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 inform 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 c 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 Blo 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 #