

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717890

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: COASTAL HOUSE ASSOCIATION, INC.

**Current Principal Place of Business:**

2200 S. OCEAN BLVD.  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

2200 S. OCEAN BLVD.  
DELRAY BEACH, FL 33483

**New Mailing Address:**

FEI Number: 59-1297442      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GOLDEN, LEON  
2200 S. OCEAN BLVD  
#401  
DELRAY BEACH, FL 33483 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: SD ( ) Delete  
Name: CONRAD, PEDITTO  
Address: 2200 S. OCEAN BLVD. #705  
City-St-Zip: DELRAY BEACH, FL 33483

Title: PD ( ) Delete  
Name: GOLDEN, LEON  
Address: 2200 S. OCEAN BLVD #401  
City-St-Zip: DELRAY BEACH, FL 33483

Title: TD ( ) Delete  
Name: MULLINS, GEORGE  
Address: 2200 S. OCEAN BLVD #303  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete  
Name: HUHEM, ROBERT  
Address: 2200 S. OCEAN BLVD #907  
City-St-Zip: DELRAY BEACH, FL 33483

Title: VPD ( ) Delete  
Name: FRANCES, CURTISS  
Address: 2200 S. OCEAN BLVD #PH1  
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: BARRY, WHITE  
Address: 2200 S. OCEAN BLVD #PH 2  
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEON GOLDIN, PRESIDENT

PD

02/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date