

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB -2 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721186 (5)

1. Corporation Name

COASTAL GARDEN CONDOMINIUM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
630 LAYNE BLVD. 630 LAYNE BLVD.
HALLANDALE FL 33009-6502 HALLANDALE FL 33009-6502

3. Date Incorporated or Qualified 06/18/1971	3a. Date of Last Report 01/20/1994
4. FEI Number 59-1050997	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29 30

9. Name and Address of Current Registered Agent

DIDYK, JACQUELINE
630 LAYNE BLVD
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	ZACK, ELIZABETH
STREET ADDRESS	630 LAYNE BLVD apt 215
CITY-ST-ZIP	HALLANDALE, FL 00000 33009
TITLE	VP
NAME	PETERSON, TOM
STREET ADDRESS	630 LAYNE BLVD apt 214
CITY-ST-ZIP	HALLANDALE, FL 00000 33009
TITLE	P
NAME	MAIRUSS, SLYVIA
STREET ADDRESS	630 LAYNE BLVD apt 120
CITY-ST-ZIP	HALLANDALE, FL 00000 33009
TITLE	D
NAME	VEZIS, ANDRE
STREET ADDRESS	630 LAYNE BLVD apt 108
CITY-ST-ZIP	HALLANDALE, FL 00000 33009
TITLE	D
NAME	MASTRODASQUA, HECTOR
STREET ADDRESS	630 LAYNE BLVD apt 109
CITY-ST-ZIP	HALLANDALE, FL 00000 33009
TITLE	P
NAME	MASTRODASQUA VITO
STREET ADDRESS	630 LAYNE BLVD apt 104
CITY-ST-ZIP	HALLANDALE, FL 00000 33009

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

Deposited by Bank 2/2/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Tom Peterson TOM PETERSON V.P. 1-17-95 457 4792