

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 721186 (5)

1. Corporation Name

COASTAL GARDEN CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

630 LAYNE BLVD.
HALLANDALE FL 33009-6502

630 LAYNE BLVD.
HALLANDALE FL 33009-6502

3. Date Incorporated or Qualified
06/18/1971

3a. Date of Last Report
02/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1050997

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

Country

29

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIDYK, JACQUELINE
630 LAYNE BLVD
HALLANDALE FL 33009

81 Name **SLYVIA MAIRUSS**

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

83 **630 LAYNE BLVD**

84 City **HALLANDALE 1 FL** 85 Zip Code **33009**

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 *Sylvia Mairuss*

4-4-96

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input type="checkbox"/> DELETE
NAME	ZACK, ELIZABETH	
STREET ADDRESS	630 LAYNE BLVD., APT 215	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PETERSON, TOM	
STREET ADDRESS	630 LAYNE BLVD., APT 214	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MAIRUSS, SLYVIA	
STREET ADDRESS	630 LAYNE BLVD., APT 120	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VEZIS, ANDRE	
STREET ADDRESS	630 LAYNE BLVD., APT 108	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D MASTRODASQUA	<input type="checkbox"/> DELETE
NAME	MASTRODASQUA, HECTOR	
STREET ADDRESS	630 LAYNE BLVD., APT 109	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASTRODASQUA, VITO	
STREET ADDRESS	630 LAYNE BLVD., APT 104	
CITY-ST-ZIP	HALLANDALE FL 33009	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	V.P. GOSSLIN, R.
23 STREET ADDRESS	630 LAYNE BLVD
24 CITY-ST-ZIP	HALLANDALE FLA.
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	DIRECTOR GOLDEN, D.
43 STREET ADDRESS	630 LAYNE BLVD.
44 CITY-ST-ZIP	HALLANDALE FLA
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 119.07(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:

Hector Mastrodasqua

4-11-1996

Date

456 9783

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hector Mastrodasqua

CR2E037 (12/95)