

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # 721186**  
 1. Corporation Name  
**COASTAL GARDEN CONDOMINIUM, INC.**

Principal Place of Business Mailing Address  
**630 LAYNE BLVD 630 LAYNE BLVD**  
**HALLANDALE FL 33009 WALLANDALE FL 33009**

**800002177118**  
 -05/13/97--01086--019  
 \*\*\*61.25

2. Principal Place of Business 2a. Mailing Address  
 21 26  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 27  
 City & State City & State  
 23 28  
 Zip Country Zip Country  
 24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
**6/18/71 4/10/96**

4. FEI Number Applied For  
**59-1050997** Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

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

9. Name and Address of Current Registered Agent  
**MAIZUSS, SYLVIA**  
**630 LAYNE BLVD**  
**HALLANDALE FL 33009**

10. Name and Address of New Registered Agent  
 81 Name **RICH, EDWARD**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**630 LAYNE BLVD**  
 83  
 84 City **HALLANDALE** 85 Zip Code **FL 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 617.0502, Florida Statutes.

SIGNATURE: **EDWARD RICH PRES Edward D. Rich** DATE: **4 29 97**

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ZACK, ELIZABETH</b>	
STREET ADDRESS	<b>630 LAYNE BLVD</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOSSLIN, R</b>	
STREET ADDRESS	<b>630 LAYNE BLVD</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MAIZUSS, SYLVIA</b>	
STREET ADDRESS	<b>630 LAYNE BLVD</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GOLDEN, D</b>	
STREET ADDRESS	<b>630 LAYNE BLVD</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MASTRODASQUA, HECTOR</b>	
STREET ADDRESS	<b>630 LAYNE BLVD</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MASTRODASQUA, VITO</b>	
STREET ADDRESS	<b>630 LAYNE BLVD</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>RICH, EDWARD</b>	
1.3 STREET ADDRESS	<b>630 LAYNE BLVD</b>	
1.4 CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
2.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>HARTEL ROSE</b>	
2.3 STREET ADDRESS	<b>630 LAYNE BLVD</b>	
2.4 CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>ZACK, BETTY</b>	
3.3 STREET ADDRESS	<b>630 LAYNE BLVD</b>	
3.4 CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>ALLIE MAJACE</b>	
4.3 STREET ADDRESS	<b>630 LAYNE BLVD</b>	
4.4 CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>PETERSON, THOMAS</b>	
5.3 STREET ADDRESS	<b>630 LAYNE BLVD</b>	
5.4 CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>WINFREY, PAUL</b>	
6.3 STREET ADDRESS	<b>630 LAYNE BLVD</b>	
6.4 CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	

14. I do 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 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: **EDWARD RICH PRES Edward D. Rich** DATE: **4 29 97** 954 4578069  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/96)