


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90003 012 \*\*\*\*61.25

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|  |   |  |
|--|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b>                                      |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
| <b>DOCUMENT # 721186</b><br>1. Corporation Name<br><b>COASTAL GARDEN CONDOMINIUM, INC.</b> |   |  |
| Principal Place of Business<br>630 LAYNE BLVD.<br>HALLANDALE FL 33009-6502                 | Mailing Address<br>630 LAYNE BLVD.<br>HALLANDALE FL 33009-6502                    |  |



|    |                                |    |                     |                |  |   |
|----|--------------------------------|----|---------------------|----------------|--|---|
| 21 | 2. Principal Place of Business | 2a | 2a. Mailing Address | 3              | 3. Date Incorporated or Qualified                      | 06/18/1971  |
| 22 | Suite, Apt. #, etc.            | 26 | Suite, Apt. #, etc. | 4              | 4. FEI Number  | 59-1050997  |
| 23 | City & State                   | 27 | City & State        | Applied For    |  |   |
| 24 | Zip                            | 28 | Zip                 | Not Applicable |  |   |
| 25 | Country                        | 29 | Country             | 5              | 5. Certificate of Status Desired                       | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 30 |                                | 30 |                     | 6              | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees    |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent<br>RICH, EDWARD<br>630 LAYNE BLVD<br>HALLANDALE FL 33009 |  |  |  | 10. Name and Address of New Registered Agent<br>81 Name WINFREY PAUL T<br>82 Street Address (P.O. Box Number is Not Acceptable) 630 LAYNE BLVD. # 101<br>83 HALLANDALE<br>84 City FL 33009 FL 85 Zip Code |  |  |  |
|--|--|--|--|---|--|--|--|

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 Paul Winfrey DATE 1/4/99

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                      | DP <input type="checkbox"/> DELETE | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WINFREY, PAUL                      | 1.2 NAME  |  |
| STREET ADDRESS             | 630 LAYNE BLVD.                    | 1.3 STREET ADDRESS                                    | - Apt #101   |
| CITY-ST-ZIP                | HALLANDALE FL 33009-6502           | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | TD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HARTEL, ROSE                       | 2.2 NAME  |  |
| STREET ADDRESS             | 630 LAYNE BLVD                     | 2.3 STREET ADDRESS                                    | - Apt # 201  |
| CITY-ST-ZIP                | HALLANDALE FL                      | 2.4 CITY-ST-ZIP                                       | → 33009  |
| TITLE                      | SD <input type="checkbox"/> DELETE | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ZACK, BETTY                        | 3.2 NAME  |  |
| STREET ADDRESS             | 630 LAYNE BLVD., APT 120           | 3.3 STREET ADDRESS                                    | - Apt 215  |
| CITY-ST-ZIP                | HALLANDALE, FL 33009               | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ALLIE, MAURICE                     | 4.2 NAME  | - Apt 117  |
| STREET ADDRESS             | 630 LAYNE BLVD                     | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | HALLANDALE FL                      | 4.4 CITY-ST-ZIP                                       | → 33009  |
| TITLE                      | D <input type="checkbox"/> DELETE  | 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PETERSON, THOMAS                   | 5.2 NAME  | PETERSON TOM   |
| STREET ADDRESS             | 630 LAYNE BLVD., APT 109           | 5.3 STREET ADDRESS                                    | - Apt 214  |
| CITY-ST-ZIP                | HALLANDALE, FL 33009               | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                    | 6.2 NAME  |  |
| STREET ADDRESS             |                                    | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                    | 6.4 CITY-ST-ZIP                                       |  |

14. 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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ DATE: JAN 4 / 99 DAYTIME PHONE #: 954 457 8793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/1/98)