

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90002 029 ****61.25

DOCUMENT # 721186

1. Entity Name
COASTAL GARDEN CONDOMINIUM, INC.

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

Mailing Address
**630 LAYNE BLVD.
 HALLANDALE FL 33009-6502**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
630 LAYNE BLVD
 Suite, Apt. #, etc.
101
 City & State
HALLANDALE BEACH
 Zip
33009
 Country
BROWARD



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**WINFREY, PAUL T
 630 LAYNE BLVD
 #101
 HALLANDALE FL 33009**

4. FEI Number
59-1050997

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

Applied For Not Applicable

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 State **FL** Zip Code

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, typed or printed name of registered agent and title if applicable.
FILE NOW: FEE IS \$61.25
September 13, 2000 min. will be \$236.25

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

DATE
Make Check Payable to Department of State

OFFICERS AND DIRECTORS

DP	WINFREY, PAUL 630 LAYNE BLVD APT 101 HALLANDALE FL 33009-6502	<input type="checkbox"/> Delete
TD	HARTEL, ROSE 630 LAYNE BLVD APT 201 HALLANDALE FL 33009	<input type="checkbox"/> Delete
SD	ZACK, BETTY 630 LAYNE BLVD APT 215 HALLANDALE, FL 33009	<input type="checkbox"/> Delete
D	ALLIE, MAURICE 630 LAYNE BLVD APT 117 HALLANDALE FL 33009	<input type="checkbox"/> Delete
D	PETERSON, TOM 630 LAYNE BLVD APT 214 HALLANDALE, FL 33009	<input type="checkbox"/> Delete
D	MASTROPASQUA, VITO 630 LAYNE BLVD APT 104 HALLANDALE BCH, FL 33009	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

D	MASTROPASQUA VITO 630 LAYNE BLVD APT 104 HALLANDALE BCH, FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	GENOVA, AUGUSTUS 630 LAYNE BLVD APT 112 HALLANDALE BCH, FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	MORAES, YOLANDA 630 LAYNE BLVD APT 210 HALLANDALE BCH, FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	BASELONE, JOSEPH 630 LAYNE BLVD APT 211 HALLANDALE BCH, FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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 on this report or supplemental 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 10 or Block 11 if on an attachment with an address, with all other title empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SIGNATURE REQUIRED
 8/16/2000

CR2E037 (5/00)