

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90092 028 ****61.25

0015717

DOCUMENT # 721186

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1050997

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**WINFREY, PAUL T
 630 LAYNE BLVD
 #101
 HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name **Hector MASTROPASQUA**

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

630 LAYNE BLVD

#109

City

Hallandale Beach

FL

Zip Code **33009**

8. 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

Hector Mastro Pasqua

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	WINFREY, PAUL	
STREET ADDRESS	630 LAYNE BLVD APT 101	
CITY-ST-ZIP	HALLANDALE FL 33009-6502	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HARTEL, ROSE	
STREET ADDRESS	630 LAYNE BLVD APT 201	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ZACK, BETTY	
STREET ADDRESS	630 LAYNE BLVD APT 215	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALLIE, MAURICE	
STREET ADDRESS	630 LAYNE BLVD APT 117	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, TOM	
STREET ADDRESS	630 LAYNE BLVD APT 214	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTROPASQUA, Hector	
STREET ADDRESS	630 LAYNE BLVD, Apt 109	
CITY-ST-ZIP	Hallandale Beach, FL 33009	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANGARI, Vincent	
STREET ADDRESS	630 LAYNE BLVD, Apt 121	
CITY-ST-ZIP	Hallandale Beach, FL 33009	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASILONE, Joseph	
STREET ADDRESS	630 LAYNE BLVD, Apt 211	
CITY-ST-ZIP	Hallandale Beach, FL 33009	
TITLE	DTP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMARITANO, Bernadette	
STREET ADDRESS	630 LAYNE BLVD, Apt 212	
CITY-ST-ZIP	Hallandale Beach, FL 33009	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENOVA, Augustus	
STREET ADDRESS	630 LAYNE BLVD, Apt 111	
CITY-ST-ZIP	Hallandale Beach, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hector Mastro Pasqua*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)