


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90035 013 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1050997	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TANGILI, VINCENT 630 LAYNE BLVD #212 HALLANDALE FL 33009			Name MCNAMARA, BRUCE		
			Street Address (P.O. Box Number is Not Acceptable) 630 LAYNE Blvd Apt 202		
			Hallandale Beach FL		
			City 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Bruce McNamara</u>		(NOTE Registered Agent signature required when reinstating)		DATE <u>3/2/05</u>	
FILE NOW: FEE IS: \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANGARI, VINCENT		NAME	MCNAMARA, BRUCE	
STREET ADDRESS	630 LAYNE BLVD APT 121		STREET ADDRESS	630 LAYNE Blvd APT 202	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009-6502		CITY-ST-ZIP	HALLANDALE BEACH FL 33009	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASILONE, JOSEPH		NAME	BASILONE, Joseph Apt 211	
STREET ADDRESS	630 LAYNE BLVD APT 211		STREET ADDRESS	630 LAYNE Blvd	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009		CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
TITLE	DTP	<input type="checkbox"/> Delete	TITLE	DTP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMARITANO, BERNADETTE		NAME	SMARITANO, Bernadette	
STREET ADDRESS	630 LAYNE BLVD APT 212		STREET ADDRESS	630 LAYNE Blvd Apt 212	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009		CITY-ST-ZIP	HALLANDALE BEACH FL 33009	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENOVA, AUGUSTUS		NAME	GENOVA, AUGUSTUS	
STREET ADDRESS	630 LAYNE BLVD APT 111		STREET ADDRESS	630 LAYNE Blvd Apt 111	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009		CITY-ST-ZIP	HALLANDALE BEACH FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAIUSS, SYLVIA		NAME	Campello, Sonny	
STREET ADDRESS	630 LAYNE BLVD APT 120		STREET ADDRESS	630 LAYNE Blvd Apt. 210	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009		CITY-ST-ZIP	HALLANDALE BEACH FL 33009	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Augustus Genova - Augustus Genova 2-25-05</u>				954-454-3657	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	