

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90002 022 ****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.

3. Mailing Address
 Suite, Apt. #, etc.

2nd MOORE CR2E037 (4/06)

City & State

4. FEI Number
59-1050997

Applied For
 Not Applicable

Zip Country **USA**

Zip Country **USA**

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

6. Name and Address of Current Registered Agent
Secretary
MCNAMARA, BRUCE
630 LAYNE BLVD
APT 202
HALLANDALE FL 33009

Frances Winfrey
904 NE 2nd St
Hallandale Beach
FL 33009

7. Name and Address of New Registered Agent
 Name **Frances Winfrey**
 Street Address (P.O. Box Number is Not Acceptable)
904 NE 2nd St.
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Frances Winfrey** DATE **8/25/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW - FEE IS \$61.25
Due By September 6, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCNAMARA, BRUCE 630 LAYNE BLVD, APT 202 HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP president BASILONE, JOSEPH 630 LAYNE BLVD APT 211 HALLANDALE BEACH FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTP SMARITRNO, BERNADETTE 630 LAYNE BLVD APT 212 HALLANDALE BEACH FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GENOVA, AUGUSTUS 630 LAYNE BLVD APT 111 HALLANDALE BEACH FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPPIELLO, SONNY 630 LAYNE RD, APT 210 HALLANDALE BEACH FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAMARITANO, BERNADETTE 630 LAYNE BLVD APT 212 HALLANDALE FL 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Frances Winfrey 904 NE 2nd St Hallandale Beach FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **James C. Winfrey** DATE **8/25/06**