

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jul 24, 2007 8:00 am**  
**Secretary of State**

07-24-2007 90040 001 \*\*\*\*61.25

<b>DOCUMENT # 721186</b>	
1. Entity Name <b>COASTAL GARDEN CONDOMINIUM, INC.</b>	
Principal Place of Business <b>630 LAYNE BLVD. HALLANDALE FL 33009-6502</b>	Mailing Address <b>630 LAYNE BLVD. HALLANDALE FL 33009-6502</b>
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc	Suite, Apt # etc
City & State	City & State
Zip	Country
Zip	Country



2nd MOORE CR2E037 (4/07)

4. FEI Number <b>59-1050997</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>
<b>WINFREY, FRANCE</b> <b>90477 W 2ND ST</b> <b>HALLANDALE FL 33009</b>		Name <b>EVELYN CAPPIELLO</b> Street Address (P.O. Box Number is Not Acceptable) <b>630 LAYNE BLVD #210</b> City <b>HALLANDALE</b> FL Zip Code <b>33009</b>
<b>EVELYN CAPPIELLO</b> <b>630 LAYNE BLVD</b> <b>HALLANDALE, FL</b> <b>APT 210 33009</b>		

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 *Cheley Cappiello* (NOTE: Registered Agent signature required when reinstating) DATE 7/19/07

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By September 5, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BASILONE, JOSEPH 630 LAYNE BLVD APT 211 HALLANDALE BEACH FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition Bernadette Samantoni
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WINFREY, FRANCES 904 NE 2ND ST HALLANDALE BEACH FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DSCheley Cappiello EVELYN CAPPIELLO 630 LAYNE BLVD #210 HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPPIELLO, SONNY 630 LAYNE RD, APT 210 HALLANDALE BEACH FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DLEONARDO C. ELLIO 630 LAYNE BLVD #221 HALLANDALE FL Leonardo C. ELLIO 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Cheley Cappiello* 7/19/07