


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90021 023 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1050997	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPPIELLO, EVELYN 630 LAYNE BLVD #210 HALLANDALE FL 33009			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity admits 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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCNAMARA, BRUCE		NAME	Same	
STREET ADDRESS	630 LAYNE BLVD, APT 202		STREET ADDRESS	Same	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009		CITY-ST-ZIP	Same	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BASILONE, JOSEPH		NAME	Same last	
STREET ADDRESS	630 LAYNE BLVD APT 211		STREET ADDRESS	Same	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009		CITY-ST-ZIP	Same	
TITLE	DTP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMARITRNO, BERNADETTE		NAME	Change last name - Same Samaritano	
STREET ADDRESS	630 LAYNE BLVD APT 212		STREET ADDRESS	Same	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009		CITY-ST-ZIP	Same	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAPPIELLO, EVELYN		NAME	Same	
STREET ADDRESS	630 LAYNE BLVD #210		STREET ADDRESS	Same	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009		CITY-ST-ZIP	Same	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RILLO, LEONARDO C		NAME	Correction Last name Cirillo	
STREET ADDRESS	630 LAYNE RD, APT 210		STREET ADDRESS	Same	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009		CITY-ST-ZIP	Same	
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		



1st MOORE CR2E037 (10/07)

Applied For
Not Applicable

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Evelyn Cappiello*

1/28/08