2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#721186

FILED Apr 30, 2009 Secretary of State

Entity Name: COASTAL GARDEN CONDOMINIUM INC.

Littley Ivai	ile. COASTA	L GARDEN CONDOMINION, II	vo.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
630 LAYNE HALLANDA	EBLVD. ALE, FL 3300	96502			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
630 LAYNE HALLAND	E BLVD. ALE, FL 3300	96502			
FEI Number:	59-1050997	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
630 LAYNE HALLAND	O, EVELYN E BLVD #210 ALE, FL 3300				
	named entity: e of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR					
	Electror	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MCNAMARA, B 630 LAYNE BL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BASILONE, JO 630 LAYNE BL		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SMARITRNO, E 630 LAYNE BL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CAPPIELLO, E 630 LAYNE BL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CIRILLO, LEON 630 LAYNE RD		Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVELYN CAPPIELLO SECR 04/30/2009