


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90102 018 \*\*\*\*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.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1050997**

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

6. Name and Address of Current Registered Agent  
**WINFREY, PAUL T  
630 LAYNE BLVD  
#101  
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name **VINCENT TANGARI**

Street Address (P.O. Box Number is Not Acceptable)  
**630 LAYNE BLVD  
#121**

City **Hallandale** 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 *Vincent Tangari* DATE **3-5-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW: FEE IS \$61.25**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MASTROPASQUA, HOOTER	
STREET ADDRESS	630 LAYNES BLVD, APT 109	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009-6502	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	TANGARI, VINCENT	
STREET ADDRESS	630 LAYNE BLVD, APT 121	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	BASILENE, JOSEPH	
STREET ADDRESS	630 LAYNE BLVD APT 211	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009	
TITLE	DTP	<input checked="" type="checkbox"/> Delete
NAME	SAMARITANO, BERNANETTE	
STREET ADDRESS	630 LAYNE BLVD, APT 212	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	GENOVA, AUGUSTUS	
STREET ADDRESS	630 LAYNE BLVD APT 111	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANGARI, VINCENT	
STREET ADDRESS	630 LAYNE BLVD APT 121	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASILONA, JOSEPH	
STREET ADDRESS	630 LAYNE BLVD APT 211	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	DTP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMARITANO, BERNANETTE	
STREET ADDRESS	630 LAYNE BLVD APT 212	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENOVA, AUGUSTUS	
STREET ADDRESS	630 LAYNE BLVD	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAIZUSS, SYLVIA	
STREET ADDRESS	630 LAYNE BLVD APT 120	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Vincent Tangari* **SIGNATURE REQUIRED** DATE: **3-5-03** **954-456-6650**

CR2E037 (10/02)