
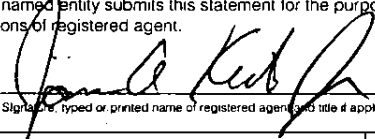
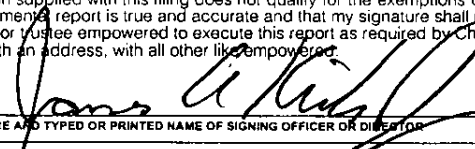


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90097 011 ****61.25

DOCUMENT # 743159			
1. Entity Name COASTAL ESTATES, INC.			
Principal Place of Business 11100 BALLWEG LANE FORT MYERS, FL 33908 US		Mailing Address 11100 BALLWEG LANE FORT MYERS, FL 33908 US	
2. Principal Place of Business - No P.O. Box # 11091 Bombay Lane		3. Mailing Address 11091 Bombay Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Myers FL		City & State Fort Myers FL	
4. FEI Number 59-1884444		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FENNESSY, REBA 11100 BALLWEG LANE FT MYERS, FL 33908		7. Name and Address of New Registered Agent Name: James Kirk Street Address (P.O. Box Number is Not Acceptable): 11091 Bombay Lane City: Fort Myers FL Zip Code: 33908	
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: 		President 3/13/07	
Filing Fee is \$61.25 Due by May 1, 2007		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: P	FENNESSY, REBA	<input checked="" type="checkbox"/> Delete	TITLE: President
NAME:	11100 BALLWEG LANE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	FORT MYERS, FL 33908		NAME: James Kirk
CITY-ST-ZIP:			STREET ADDRESS: 11091 Bombay Lane
TITLE: V	STIFFEY, RICHARD	<input type="checkbox"/> Delete	CITY-ST-ZIP: Fort Myers FL 33908
NAME:	11271 BOMBAY LANE		TITLE: Director
STREET ADDRESS:	FORT MYERS, FL 33908		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:			NAME: Director
TITLE: S	PARMENTER, PATSY	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	11130 BOMBAY LANE		TITLE: Director
STREET ADDRESS:	FORT MYERS, FL 33908		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:			NAME: Director
TITLE: T	HAMILTON, CHARLOTTE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	11110 BOMBAY LANE		TITLE: Vice President
STREET ADDRESS:	FORT MYERS, FL 33908		NAME: Sandra Kaiser
CITY-ST-ZIP:			STREET ADDRESS: 1111 Bombay Lane
TITLE:		<input type="checkbox"/> Delete	CITY-ST-ZIP: Fort Myers FL 33908
NAME:			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:			TITLE: Secretary
CITY-ST-ZIP:			NAME: Rosemary Adamski
TITLE:		<input type="checkbox"/> Delete	STREET ADDRESS: 11251 Bombay Lane
NAME:			CITY-ST-ZIP: Fort Myers FL 33908
STREET ADDRESS:			
CITY-ST-ZIP:			
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 empowerments.			
SIGNATURE: 		James Kirk 3/31/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	

40038000



01302007 Chg-NP CR2E037 (12/06)