

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

07 NOV 30 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ly 12-3-07



REINSTATEMENT 07

04192007 Charge CR2F037 (12/06)
59-2274804 Not Applicable

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

DOCUMENT # 746385
1. Entity Name
COASTAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
3645 SE 8TH PL
CAPE CORAL, FL 33904 US

Mailing Address
P O BOX 151845
CAPE CORAL, FL 33915 US

2. Principal Place of Business - No P.O. Box #
2799 Del Prado Blvd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Cape Coral, FL

City & State

Zip
33903

Country
LEE

Zip
Country

6. Name and Address of Current Registered Agent
ZUNINO, PAOLA
C/O GPM INC
3645 SE 8TH PL
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent
Name
ZUNINO, PAOLA
Street Address (P.O. Box Number is Not Acceptable)
C/O GPM
2799 DEL PRADO BLVD
City
CAPE CORAL FL Zip Code
33903

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

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, HILDA		NAME		
STREET ADDRESS	4034 SE 12 AVE SUITE 103		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAMISON, STEVE		NAME		
STREET ADDRESS	4026 SE 12TH AVE 207		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKS, JACQUELINE		NAME		
STREET ADDRESS	4026 SE 12TH AVENUE #107		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROSIG, EDITH		NAME		
STREET ADDRESS	4026 SE 12TH AVE 206		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NATHAN, MARTIN		NAME		
STREET ADDRESS	4026 SE 12TH AVE # 208		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
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		

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10/17/07-01014-007 **61.25

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MAY 29 2007

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 by 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 address, with all other like empowered.

SIGNATURE: *Hilda Williams* 5-25-07 239-549-9447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #