

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90088 023 ****61.25

DOCUMENT # 746385

1. Entity Name
COASTAL I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2799 DEL PRADO BLVD.
CAPE CORAL, FL 33903 US**

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2274804

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZUNINO, PAOLA
C/O GPM INC
2799 DEL PRADO BLVD.
CAPE CORAL, FL 33903**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

1-10-08

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, 2008**

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

TITLE PD
NAME WILLIAMS, HILDA ☐ Delete
STREET ADDRESS 4034 SE 12 AVE SUITE 103
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE T
NAME JAMISON, STEVE ☒ Delete
STREET ADDRESS 4026 SE 12TH AVE 207
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE D
NAME BROSIG, EDITH ☒ Delete
STREET ADDRESS 4026 SE 12TH AVE 206
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President** ☒ Change ☐ Addition
NAME Edith K. Brosig
STREET ADDRESS 4026 SE 12th Ave Unit 206
CITY-ST-ZIP Cape Coral, FL 33904

TITLE **Director** ☐ Change ☒ Addition
NAME Joseph Castonguay
STREET ADDRESS 700 Shore Drive #1101
CITY-ST-ZIP Fall River, MA 02721

TITLE **Secretary/Treasurer** ☐ Change ☒ Addition
NAME Jacqueline R. Parks
STREET ADDRESS 4026 SE 12th Ave Unit 107
CITY-ST-ZIP Cape Coral, FL 33904

TITLE **Director** ☐ Change ☒ Addition
NAME Martin Gnatzig
STREET ADDRESS N9360 5th Drive
CITY-ST-ZIP Westfield, WI 53964

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 empowered.

SIGNATURE:

Hilda Williams

1-9-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #