

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746385

FILED
Jan 26, 2009
Secretary of State

Entity Name: COASTAL I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2799 DEL PRADO BLVD
CAPE CORAL, FL 33903

New Principal Place of Business:

4026 SE 12TH AVE
CAPE CORAL, FL 33904 US

Current Mailing Address:

PO BOX 151845
CAPE CORAL, FL 33915

New Mailing Address:

1319 MIRAMAR ST
STE 101
CAPE CORAL, FL 33904 US

FEI Number: 59-2274804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZUNINO, PAOLA
2799 DEL PRADO BLVD
CAPE CORAL, FL 33903 US

Name and Address of New Registered Agent:

ZUNINO, PAOLA
C/O GPM, INC.
1319 MIRAMAR ST STE 101
CAPE CORAL, FL 33904 US

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.

SIGNATURE: PAOLA ZUNINO

01/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: BROSIG, EDITH K
Address: 4026 SE 12TH AVE UNIT 206
City-St-Zip: CAPE CORAL, FL 33904 US

Title: D () Delete
Name: CASTONGUAY, JOSEPH
Address: 700 SHORE DR #1101
City-St-Zip: FALL RIVER, MA 02721 US

Title: ST () Delete
Name: PARKS, JACQUELINE R
Address: 4026 SE 12TH AVE UNIT 107
City-St-Zip: CAPE CORAL, FL 33904 US

Title: D () Delete
Name: GNATZIG, MARTIN
Address: N9360 5TH DR
City-St-Zip: WESTFIELD, WI 53964

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD () Change (X) Addition
Name: WILLIAMS, HILDA
Address: 4034 SE 12TH AVENUE, UNIT 103
City-St-Zip: CAPE CORAL, FL 33904 US

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: HILDA WILLIAMS

PD

01/26/2009

Electronic Signature of Signing Officer or Director

Date