

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748986

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: COASTAL II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O AMERICAN CONDO MGMT.  
615 CAPE CORAL PKWY W., #103  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O AMERICAN CONDO MGMT.  
P.O. BOX 100399  
CAPE CORAL, FL 33910 US

**New Mailing Address:**

FEI Number: 59-2034469

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KASE, SUSAN  
C/O AMERICAN CONDO MGMT  
615 CAPE CORAL PKWY W., #103  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: WEBBER, SIDNEY  
Address: 4018 SE 12TH AVENUE #206  
City-St-Zip: CAPE CORAL, FL 33904

Title: PD ( ) Delete  
Name: KRAFT, RICHARD  
Address: 4012 SE 12TH AVE, # 210  
City-St-Zip: CAPE CORAL, FL 33904

Title: VPD ( ) Delete  
Name: STURM, RALPH  
Address: 4018 SE 12TH AVE, #105  
City-St-Zip: CAPE CORAL, FL 33904

Title: SD ( ) Delete  
Name: SHELTON, PHYLLIS  
Address: 4018 SE 12TH AVE 103  
City-St-Zip: CAPE CORAL, FL 33904

Title: VPD ( ) Delete  
Name: TRETITA, BARBARA  
Address: 510 PRESTON COURT  
City-St-Zip: EXTON, PA 19341

**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: VP (X) Change ( ) Addition  
Name: CHRISTIE, MARILYN  
Address: 4012 SE 12TH AVE 207  
City-St-Zip: CAPE CORAL, FL 33904

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: RICHARD KRAFT

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date