


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 750720</b>	
1. Entity Name <b>LAKE WORTH COASTALVIEW CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>411 S LAKESIDE DR APT 1 LAKE WORTH, FL 33460</b>	Mailing Address <b>1224 POPE LANE LAKE WORTH, FL 33460</b>
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01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-2646113</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>MILLER, GINA 1224 POPE LANE LAKE WORTH, FL 33460</b>
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**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ONA, SUSAN 1154 SW 24TH AVE BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTVP MILLER, GINA 411 S LAKESIDE DR #1 LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MILLER, JOHNNY 411 S LAKESIDE DR #1 LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTVP MILLER, GINA 1224 POPE LANE LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MILLER, JOHNNY 1224 POPE LANE LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000389507  
01/20/06-80052-003 \$1.25

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Hana C. Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*January 11 06* 540-626  
Date Daytime Phone #