

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90125 037 ****61.25

DOCUMENT # 770025

COASTAL WATERS CONDOMINIUM ASSOCIATION, INC.



1. Principal Place of Business
3509 S. ATLANTIC AVE.
NEW SMYRNA BEACH, FL 32169-3629

Mailing Address
3509 S. ATLANTIC AVE.
NEW SMYRNA BEACH, FL 32169-3629



2. Principal Place of Business		3. Mailing Address		02232006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2390450	
City & State		City & State		Applied For Not Applicable	
County	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PETRUZZI THOMAS G 5118 BELLEVILLE AVE. ORLANDO FL 32812		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. I, the undersigned, hereby submit 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.

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

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
PD PETRUZZI, TOM 5118 BELLEVILLE AVE. ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D BYNUM FRED 1495 N CARPENTER RD TITUSVILLE, FL 32796 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Vice President
TV SABINA, ROBERT 325 GREEN OAK CENTER LONGWOOD, FL 32779 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STD REID HARRY G III 120 WEST GREENTREE LANE LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Treasurer
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Secretary T.R. Ruta 3509 S. Atlantic Ave New Smyrna Beach, FL 32169
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Director Kevin Kline 1749 Harvest Cove Winter Park, FL 32792

12. I, the undersigned, 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 supplied in 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; and that I am the officer 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 of this report.

SIGNATURE:

TR Ruta

3/23/06

386-428-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #