2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2007 8:00 am Secretary of State

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1. Entity Name COASTAL WATERS CONDOMINIUM ASSOCIATION, INC. 400014 Principal Place of Business Mailing Address 3509 S.ATLANTIC AVE. 3509 S.ATLANTIC AVE. NEW SMYRNA BEACH, FL 32169-3629 NEW SMYRNA BEACH, FL 32169-3629 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Numbe Applied For 59-2390450 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETRUZZI, THOMAS G Street Address (P.O. Box Number is Not Acceptable) 5118 BELLEVILLE AVE. ORLANDO, FL 32812 Zip Code 8. The above named Antity submits this stated 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 istered ager SIGNATURE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. PD ☐ Delete TITLE Change Addition TITLE PETRUZZI, TOM NAME NAME 5118 BELLEVILLE AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-ZIP VΡ ☐ Addition ☐ Delete TITLE ☐ Change BYNUM, FRED NAME 1495 N CARPENTER RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL 32796 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition Secretary/Treasurer REID, HARRY G III NAME 120 WEST GREENTREE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE RUTA, T.R. NAME 3509 S ATLANTIC AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169 CITY-ST-ZIF TITLE Delete ☐ Change ■ Addition KLINE, KEVIN NAME NAME 1749 HARVEST COVE STREET ADDRESS STREET ADDRESS WINTER PARK, FL 32792 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 employered 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 attackment with an address, with all other like empowered.

SIGNATURE:

() HOWY? SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR