

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Moorman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # K12159 (5)

1. Corporation Name

COASTAL RESORT ASSOCIATES, INC.

95 MAY -1 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3015 N OCEAN BLVD., STE 121
FT LAUDERDALE FL 33308

3015 N OCEAN BLVD., STE 121
FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Re-added

01/19/1988

3b. Date of Last Report

04/25/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FID Number

65-0024938

Applied For

Not Applicable

State App. #

State App. #

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22

27

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

28

8. This corporation has members of the corporation who are not citizens of the United States

Yes ☒ No ☐

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOSTER, REBECCA A.
3015 N OCEAN BLVD., STE 121
FT LAUDERDALE FL 33308

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. I, the undersigned, being a resident qualified person, do hereby certify that the above is a true and correct copy of the statement of the corporation as required by law. I am authorized by the corporation to execute this statement and to file the same with the Department of State.

Signature

W

12. OFFICERS, DIRECTORS, AND KEY PERSONNEL

13. ADDITIONAL CHANGES TO OFFICERS, AND KEY PERSONNEL

Name

DP
LAMBERT, JAMES E.
3011 NE 55TH PLACE
FT LAUDERDALE FL
VST

Address

City

State

Zip

Name

HAMMER, C. DICE
300 WELLINGTON DR
CHARLOTTESVILLE VA
VAS

Address

City

State

Zip

Name

FOSTER, REBECCA
3015 N OCEAN BLVD
FT. LAUDERDALE FL
V

Address

City

State

Zip

Name

MULLER, RALPH
3015 N OCEAN BLVD
FT. LAUDERDALE FL

Address

City

State

Zip

Name

Address

City

State

Zip

Name

Address

City

State

Zip

Name

Address

City

State

Zip

Name

SIGNATURE:

SIGNATURE AND FILED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

305-563 4444