## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000009837

FILED Jul 13, 2005 Secretary of State

Entity Name: COASTAL BAY HOMEOWNERS ASSOCIATION INC

Current Principal Place of Business: New Principal Place of Business:

12900 SW 128 STREET SUITE 100 MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

12900 SW 128 STREET SUITE 100 MIAMI, FL 33186

FEI Number: 51-0488869 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

WILLIAM, GARCIA
201 ALHAMBRA CIRCLE
201 ALHAMBRA CIRCLE
SUITE 500
CORAL GABLES, FL 33134 US
WILLIAM GARCIA, P.A.
12900 SW 128TH ST
SUITE 100
MIAMI, FL 33186 US

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: WILLIAM GARCIA 07/13/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition
Name: FRANCISCO, PEREZ Name: PAGNOTTA, TOM
Address: 12000 SW 120 STREET SUITE 100

Address: 12900 SW 128 STREET, SUITE 100 Address: 12900 SW 128 STREET, SUITE 100

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

Title: S () Delete Title: S (X) Change () Addition

Name: ANN, DECICCO Name: PEREZ, FRANCISCO

Address: 12900 SW 128 STREET, SUITE 100 Address: 12900 SW 128 STREET, SUITE 100

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

Title: T ( ) Delete Title: T (X) Change ( ) Addition

Name: MICHAEL, PEREDO Name: BORGES, MANNY

Address: 12900 SW 128 STREET, SUITE 100 Address: 12900 SW 128 STREET, SUITE 100

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TOM PAGNOTTA P 07/13/2005