

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009837

FILED  
Apr 03, 2006  
Secretary of State

**Entity Name:** COASTAL BAY HOMEOWNERS ASSOCIATION INC

**Current Principal Place of Business:**

12900 SW 128 STREET  
SUITE 100  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

12900 SW 128 STREET  
SUITE 100  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 51-0488869

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAM GARCIA, P.A.  
12900 SW 128TH ST  
SUITE 100  
MIAMI, FL 33186 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PAGNOTTA, TOM  
Address: 12900 SW 128 STREET, SUITE 100  
City-St-Zip: MIAMI, FL 33186

Title: S ( ) Delete  
Name: PEREZ, FRANCISCO  
Address: 12900 SW 128 STREET, SUITE 100  
City-St-Zip: MIAMI, FL 33186

Title: T ( ) Delete  
Name: BORGES, MANNY  
Address: 12900 SW 128 STREET, SUITE 100  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

04/03/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date