


FILED
Aug 11, 2008 8:00 am
Secretary of State

4U11500-

DOCUMENT # N03000009837				08-11-2008 90120 043 ****61.25	
1. Entity Name COASTAL BAY HOMEOWNERS ASSOCIATION INC					
Principal Place of Business 12900 SW 128 STREET SUITE 100 MIAMI, FL 33186		Mailing Address 12900 SW 128 STREET SUITE 100 MIAMI, FL 33186			
2. Principal Place of Business - No P.O. Box # c/o Phoenix Management Suite, Apt. #, etc. 3082 Jog Road City & State Lake Worth FL Zip 33467 / Country USA		3. Mailing Address c/o Phoenix Management Suite, Apt. #, etc. 3082 Jog Road City & State Lake Worth FL Zip 33467 / Country USA		4. FEI Number 51-0488869	
6. Name and Address of Current Registered Agent ROSENTHAL, DAVID C/O PHOENIX MGMT INC 3082 JOG RD LAKE WORTH, FL 33467		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL / Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
S PEREZ, FRANCISCO 12900 SW 128 STREET, SUITE 100 MIAMI, FL 33186		P Burkhardt AL 151 Coastal Bay Blvd Bayside Beach FL 33435			
T BORGES, MANNY 12900 SW 128 STREET, SUITE 100 MIAMI, FL 33186		SIT Orozco Magaly 1306 Coastal Bay Blvd Bayside Beach FL 33435			
S DE CICCIO, ANN 12900 SW 128 STREET, STE. 100 MIAMI, FL 33186		VP Plog, Helen 1302 Coastal Bay Blvd Bayside Beach FL 33435			
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 empowered 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 attachment with an address, with all other like empowered.					
SIGNATURE: _____		8/8/08 561-964-1550			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			