

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 20, 2004 8:00 am
Secretary of State

DOCUMENT # NO4000000250

1. Entity Name

COASTAL TOWERS SENIOR CLUB
INC



04-20-2004 90048 001 ****61.25

04-20-2004 90048 002 ****35.00

DO NOT WRITE IN THIS SPACE

66413297

2. Principal Place of Business

400 KINGS PT DR

Suite, Apt. #, etc.

802

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

SUNNY ISLES BEACH FL

City & State

SAME

4. FEI Number

57-1197762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

414 DEGRAD 21 RIVER

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

400 KINGS PT DR

SUNNY ISLES BEACH

City

FL

Zip Code

33160

**DO NOT WRITE
IN THIS SPACE**

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

Marsha Levine

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-18-04

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
MARSHA LEVINE
400 KINGS PT DR # 802
SUNNY ISLES BEACH FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
ELSIE GOODMAN
400 KINGS PT DR # 610
SUNNY ISLES BEACH FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC TREAS
CHARLOTTE GROSCHMAN
400 KINGS PT DR # 810
SUNNY ISLES FL 33160

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Marsha Levine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-04

Date

Daytime Phone #

CR2E037B (12/02)

Attachment

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

66413297
#N0400000250

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of _____ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : COASTAL TOWERS SENIORS CLUB INC

2. The mailing address of the corporation : 400 KINGS PT DR #802
SUNNY ISLES BEACH FL 33160

3. Date of incorporation/qualification: 12-31-03 Document number: N0400000250

4. The name and address of the current registered agent and registered office:

HILDEGARD ZIRKER
400 KINGS PT DR
SUNNY ISLES BEACH FL

5. The name and address of the new registered agent (if changed) and /or registered office (if changed):

MARSHA LEVINE
400 KINGS PT DR #802
SUNNY ISLES BEACH FL 33160

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

X Marsha Levine

PRES

4-18-04

(Signature of an officer, chairman or vice chairman of the board)

(Date)

MARSHA LEVINE PRES

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

X Marsha Levine

(Signature of Registered Agent)

4-18-04

(Date)

If signing on behalf of an entity:

M

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***