


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

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90266 046 ****61.25

DOCUMENT # <i>No 4 000000 260</i>	
1. Entity Name <i>COASTAL TOWER'S SENIORS CLUB INC</i>	

DO NOT WRITE IN THIS SPACE

40027355

2. Principal Place of Business <i>400 KINGS PT DR</i> Suite, Apt. #, etc. <i>802</i>		3. Mailing Address <i>SAME</i> Suite, Apt. #, etc. <i>SAME</i>	
City & State <i>SUNNY ISLES BEACH FL</i>		City & State <i>SAME</i>	
Zip <i>33160</i>	Country <i>DADE</i>	Zip	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <i>57-1197762</i>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <i>MARSHA LEVINE</i> Street Address (P.O. Box Number is Not Acceptable) <i>400 KINGS PT DR</i> <i>APT</i> City <i>SUNNY ISLES BEACH FL</i> Zip Code <i>33160</i>		

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE <i>PRESIDENT</i>	NAME <i>MARSHA LEVINE</i>	TITLE	NAME
STREET ADDRESS <i>400 KINGS PT DR # 802</i>	CITY-ST-ZIP <i>SUNNY ISLES BEACH FL 33160</i>	STREET ADDRESS	CITY-ST-ZIP
TITLE <i>SEC-TRES</i>	NAME <i>CHARLOTTE GROSSMAN</i>	TITLE	NAME
STREET ADDRESS <i>APT 810</i>	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <i>V.P</i>	NAME <i>JEAN SHERMAN</i>	TITLE	NAME
STREET ADDRESS <i>APT 616</i>	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <i>DIRECTOR</i>	NAME <i>DERNICE GARNER</i>	TITLE	NAME
STREET ADDRESS <i>815</i>	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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*

3-3-05

305-949-8107

CR2E037B (12/02)

ATTACHMENT

40027355

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

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 N04000000-250
4. The name and address of the current registered agent and registered office:

HILDEGARD ZIRKER400 KINGS PT DRSUNNY ISLES BEACH FL

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

MARSHA LEVINE400 KINGS PT DR #802SUNNY 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

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

PRES4-18-04

(Date)

MARSHA LEVINE

(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 ***

ATTACHMENT # N04600000250

COASTAL TOWERS SOCIAL CLUB

2103

40077355

DATE 4-18-04

63-151/670
05

PAY TO THE ORDER OF Florida Dyo of State \$ 35.⁰⁰/₁₀₀

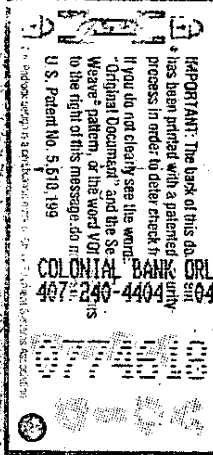
Thirty Five 00/100 DOLLARS



FOR change Reg Agent

Maisha Levine
Elena Goodman

LAST APRIL (2004) WE REQUESTED
A CHANGE OF THE REGISTERED
AGENT, IT WAS NOT DONE
SEE ENCLOSED PAPER WORK
FOR THIS REQUEST AS WELL
AS THE CANCELED CHECK.
PLEASE ADVISE --- THANK YOU



BANK OF AMERICA NA OAX
10630000474 E0893 90-104
04/28/04

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT # 1009068796
APR 20 2004
INSTRUMENT NO. 1009068796