

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90131 001 ***211.25

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1. Entity Name
**COASTAL PALMS COMMERCIAL PROPERTIES
ASSOCIATION, INC.**



Principal Place of Business
**204 A ELLEN LANE
PANAMA CITY BEACH, FL 32408**

Mailing Address
**204 A ELLEN LANE
PANAMA CITY BEACH, FL 32408**

66007757



02122008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-4701429

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WAKSTEIN, GARY
204 A ELLEN LANE
PANAMA CITY BEACH, FL 32408**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAKSTEIN, GARY 204 A ELLEN LANE PANAMA CITY BEACH, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PACE, ANDY 204 A ELLEN LANE PANAMA CITY BEACH, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME 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 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:  **Gary Wakstein, President** **2/13/08** **850-234-6112**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #