

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003030

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** COASTAL GARDENS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

767 SW GROVE AVENUE  
PORT SAINT LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

6099 SHINN ROAD  
PORT SAINT LUCIE, FL 34987

**New Mailing Address:**

**FEI Number:** 65-0881378

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FARRELL, RICKEY L. ESQ.  
4000 HOLLYWOOD BLVD., STE. 265-SOUTH  
HOLLYWOOD, FL 33021 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: DP ( ) Delete  
Name: MARTIN, PERRY B.  
Address: 122 TALAVERA PL  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DST ( ) Delete  
Name: MARTIN, DANA LEE  
Address: 122 TALAVERA PL  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete  
Name: FARRELL, RICKEY L. ESQ.  
Address: 1595 SE PORT ST LUCIE BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34952

**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 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: PERRY MARTIN

DP

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date