


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT# N06323 1. Entity Name COASTAL LANDING CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 3300 N OCEAN DR APT 2C HOLLYWOOD, FL 33019	Mailing Address 3300 N OCEAN DR APT 2C HOLLYWOOD, FL 33019
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DO NOT WRITE IN THIS SPACE



02132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2289287	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, WILLIAM J
3300 N OCEAN DR 2C
HOLLYWOOD, FL 33019

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000730605 05/08/07 00000-016 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOUFFARD, MAURICE 3300 N OCEAN DR 3D HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, WILLIAM J 3300 N. OCEAN DR #2C HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROCHEZ, JODY 3300 N. OCEAN DR #2A HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUMPOWER, JOSEPH 3300 N OCEAN DR # 3F HOLLYWOOD, FL 33019
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: William J. Thompson William J. Thompson 4/18/07 954-925-5024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #