

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06323

FILED
Jan 25, 2009
Secretary of State

Entity Name: COASTAL LANDING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3300 N OCEAN DR
APT 2C
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

3300 N OCEAN DR
APT 2C
HOLLYWOOD, FL 33019

New Mailing Address:

FEI Number: 59-2289287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, WILLIAM J
3300 N OCEAN DR 2C
HOLLYWOOD, FL 33019 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: VPD () Delete
Name: BOUFFARD, MAURICE
Address: 3300 N OCEAN DR 3D
City-St-Zip: HOLLYWOOD, FL 33019

Title: PD () Delete
Name: THOMPSON, WILLIAM J,
Address: 3300 N. OCEAN DR #2C
City-St-Zip: HOLLYWOOD, FL 33019

Title: T () Delete
Name: ROCHEZ, JODY
Address: 3300 N. OCEAN DR #2A
City-St-Zip: HOLLYWOOD, FL 33019

Title: S () Delete
Name: MUMPOWER, JOSEPH
Address: 3300 N OCEAN DR # 3F
City-St-Zip: HOLLYWOOD, FL 33019

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:

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: WILLIAM J THOMPSON

PD

01/25/2009

Electronic Signature of Signing Officer or Director

Date