

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

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N07846

1. Entity Name
**COASTAL EXECUTIVE CENTER CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**2030 MAIN STREET
DUNEDIN, FL 34698**

Mailing Address
**2030 MAIN STREET
DUNEDIN, FL 34698**



03212008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2506340

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**YACOBELLIS, THOMAS J
2030 MAIN STREET
DUNEDIN, FL 34698**

**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
**D
MARGIS, TOM
2010 MAIN ST.
DUNEDIN, FL 34698**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SAPORITO, WANDA
2000 MAIN ST.
DUNEDIN, FL 34698**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MASTERS, GREG
2020 MAIN ST.
DUNEDIN, FL 34698**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
YACOBELLIS, THOMAS
2030 MAIN STREET
DUNEDIN, FL 34698**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/08
Date

727-442-5530
Daytime Phone #