

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47175

FILED
Apr 18, 2008
Secretary of State

Entity Name: THE COASTAL OAKS LOT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2529 SOUTHERN OAK CIR
CLEARWATER, FL 33764 US

New Principal Place of Business:

Current Mailing Address:

2519 SOUTHERN OAK CIR
CLEARWATER, FL 33764 US

New Mailing Address:

FEI Number: 59-3170174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, LAURIE
2519 SOUTHERN OAK CIR
CLEARWATER, FL 33764 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: TD () Delete
Name: DOTY, MARJORIE
Address: 2525 SOUTHERN OAK CIR
City-St-Zip: CLEARWATER, FL 33764

Title: PD () Delete
Name: WILSON, LAURIE
Address: 2519 SOUTHERN OAK CIR
City-St-Zip: CLEARWATER, FL 33764

Title: SD () Delete
Name: SENGTHONG, MYLYNH
Address: 2509 SOUTHERN OAK CIR
City-St-Zip: CLEARWATER, FL 33764

Title: VP () Delete
Name: TOMASZEWICZ, MICHELLE
Address: 2507 SOUTHERN OAK CIRCLE
City-St-Zip: CLEARWATER, FL 33764

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: LAURIE WILSON

PD

04/18/2008

Electronic Signature of Signing Officer or Director

Date