

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2004
Secretary of State**

DOCUMENT# N96000004905

Entity Name: COASTAL BAY PROPERTIES, INC.

Current Principal Place of Business:

400 S PALM AVE
SUITE 200
TAMPA, FL 33602

New Principal Place of Business:

5508 N. 50TH STREET
#1
TAMPA, FL 33610

Current Mailing Address:

400 S PALM AVE
SUITE 200
TAMPA, FL 33602

New Mailing Address:

400 E PALM AVE
SUITE 200
TAMPA, FL 33602

FEI Number: 59-3401549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOX, VIRGIA L
3626 CORD GRASS DRIVE
VALRICO, FL 33594 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: D () Delete
Name: MONROE, MACK
Address: 3002 ST. CONRAD ST
City-St-Zip: TAMPA, FL 33607

Title: P () Delete
Name: KNOX, VIRGIA L
Address: 3626 CORD GRASS DRIVE
City-St-Zip: VALRICO, FL 33594

Title: TD () Delete
Name: JONES, LOUIS
Address: 222 FAITHWAY DR.
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: HAMMOND, JAMES A
Address: 2505 19TH AVE.
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: SCOTT, ROBERT R
Address: 3604 RIVERGROVE DRIVE
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MONROE, MACK
Address: 3002 ST. CONRAD STREET
City-St-Zip: TAMPA, FL 33607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: JONES, LOUIS
Address: 4217 N. 16TH STREET
City-St-Zip: TAMPA, FL 33610

Title: D (X) Change () Addition
Name: HAMMOND, JAMES A
Address: 2505 19TH AVENUE
City-St-Zip: TAMPA, FL 33605

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VIRGIA LYNN KNOX

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date