

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90166 007 ***550.00

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1. Entity Name

COASTAL ASSOCIATION MANAGEMENT, INC.



Principal Place of Business

**2807 DUNHILL DR.
COCOA FL 32926**

Mailing Address

**2807 DUNHILL DR.
COCOA FL 32926**

2. Principal Place of Business

3612 Crossbow Dr
Suite, Apt. #, etc.

3. Mailing Address

3612 Crossbow Dr
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
COCOA, FL

Zip
32926

Country
US

City & State
COCOA, FL

Zip
32926

Country
US

4. FEI Number
59-3709959

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PALARDY, HOWARD F
2807 DUNHILL DR.
COCOA FL 32926**

7. Name and Address of New Registered Agent

Name
Patricia A. Palardy
Street Address (P.O. Box Number is Not Acceptable)
3612 Crossbow Dr
City
COCOA FL Zip Code
32926

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 **Patricia A. Palardy**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-9-03

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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
**PD
PALARDY, HOWARD F
2807 DUNHILL DRIVE
COCOA FL 32926** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
PALARDY, PATRICIA A
2807 DUNHILL DRIVE
COCOA FL 32926** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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:

Patricia A. Palardy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-03

Date

321-690-2354

Daytime Phone #

CR2E034 (4/03)