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SECRETARY OF STATE
TALLAHASSEE FI CRID.

H18032423

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: <u><i>COL</i></u>	STAL ASSOCIAT (PROPOSED CORPORA	TON MANAGE TTE NAME - MUST INCL	MENT, INC UDE SUFFIX
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	ARLENE O'NE	(Printed or typed)	
	5598 COGNA	C DRIVE	· · · · · · · · · · · · · · · · · · ·
	FT. MYERS, city	L1 33919 State & Zip	
	239) 768-17 Daytime	Relephone number	

NOTE: Please provide the original and one copy of the articles.

ARLENE O'NEILL 5598 COGNAC DRIVE FORT MYERS, FLORIDA 33919 (239) 768-1729

NOVEMBER 7, 2002

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS 409 E. GAINES STREET TALLAHASSEE, FLORIDA 32399

To Whom It May Concern:

Enclosed please find the Articles of Incorporation for Coastal Association Management, Inc. and my check in the amount of \$70.00 for registration of same.

Please process as quickly as possible, as I have been informed by my current employer that they will no longer provide community association management in the Ft. Myers area, effective November 30, 2002.

Your prompt attention is greatly appreciated. If you have any questions pertaining to the above, please do not hesitate to contact me on my cell phone (239) 633-5367.

Respectfully,

Arlene O'Neill

ARLENE O'NEILL 5598 COGNAC DRIVE FT. MYERS, FLORIDA 33919 (239) 768-1729

NOVEMBER 18, 2002

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS 409 E. GAINES STREET TALLAHASSEE, FLORIDA 32399

ATTN: LORIA POOLE, CORPORATE SPECIALIST

ENCLOSED FOR RE-SUBMISSION PLEASE FIND AMENDED ARTICLES OF INCORPORATION FOR COASTAL ASSOCIATION MANAGEMENT OF LEE COUNTY, INC. I AM ALSO ENCLOSING A CHECK IN THE AMOUNT OF \$17.50 FOR A CERTIFIED COPY AND A CERTIFICATE OF STATUS FOR SAME.

THANK YOU FOR YOUR ATTENTION TO THIS MATTER.

(Island O'

ARLENE O'NEILL



November 13, 2002

ARLENE O'NEILL 5598 COGNAC DRIVE FORT MYERS, FL 33919

SUBJECT: COASTAL ASSOCIATION MANAGEMENT, INC.

Ref. Number: W02000032423

We have received your document for COASTAL ASSOCIATION MANAGEMENT, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P01000070934.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Corporate Specialist New Filings Section

Letter Number: 202A00061599

ARTICLES OF INCORPORATION

ARTICLE I - NAME:

COASTAL ASSOCIATION MANAGEMENT OF LEE COUNTY, INC.

ARTICLE II - PRINCIPLE OFFICE:

11595 KELLY ROAD; FORT MYERS, FLORIDA 33908

ARTICLE III - PURPOSE:

COMMUNITY ASSOCIATION MANAGEMENT

<u>ARTICLE IV - SHARES:</u>

ONE HUNDRED THOUSAND (100,000)

ARTICE V - INITIAL OFFICERS/DIRECTORS

PRESIDENT:

ARLENE O'NEILL

5598 COGNAC DRIVE

FORT MYERS, FLORIDA 33919

V. PRESIDENT:

ANGELA YOUNG

5598 COGNAC DRIVE

FORT MYERS, FLORIDA 33919

SEC./TREASURER: HARRY GRAYSON

8659 S.E. 141ST PLACE =

SUMMERFIELD, FLORIDA 34491

ARTICLE VI - REGISTERED AGENT:

ARLENE O'NEILL 5598 COGNAC DRIVE FORT MYERS, FLORIDA 33919

ARTICLE VI - INCORPORATOR:

ARLENE O'NEILL 5598 COGNAC DRIVE FORT MYERS, FLORIDA 33919

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

Signature /Incorporator

Date

Date

