

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000123796

1. Entity Name
**COASTAL ASSOCIATION MANAGEMENT OF LEE
COUNTY, INC.**



Principal Place of Business

**11595 KELLY ROAD
SUITE 309
FORT MYERS, FL 33908**

Mailing Address

**5598 COGNAC DRIVE
FORT MYERS, FL 33919**

DO NOT WRITE IN THIS SPACE



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number
81-0581862

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

B. 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000119970
04/19/04-80118-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
O'NEILL, ARLENE
5598 COGNAC DRIVE
FORT MYERS, FL 33919**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
YOUNG, ANGELA
5598 COGNAC DRIVE
FORT MYERS, FL 33919**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
GRAYSON, HARRY
8659 S.E. 141ST PLACE
SUMMERFIELD, FL 34491**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Arlene O'Neill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04

239) 790-0130

Date

Daytime Phone #