

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90261 043 ***150.00

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**

14009858



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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**

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

Arlene O'Neill
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/22/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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)(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:

Arlene O'Neill **ARLENE O'NEILL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05
Date

239) 790-0130
Daytime Phone #