

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000123796

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: COASTAL ASSOCIATION MANAGEMENT OF LEE COUNTY, INC.

## Current Principal Place of Business:

11595 KELLY ROAD  
SUITE 309  
FORT MYERS, FL 33908

## New Principal Place of Business:

## Current Mailing Address:

5598 COGNAC DRIVE  
FORT MYERS, FL 33919

## New Mailing Address:

11595 KELLY ROAD  
SUITE 309  
FORT MYERS, FL 33908

FEI Number: 81-0581862

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

O'NEILL, ARLENE  
11595 KELLY ROAD  
309  
FORT MYERS, FL 33919 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: O'NEILL, ARLENE  
Address: 5598 COGNAC DRIVE  
City-St-Zip: FORT MYERS, FL 33919

Title: V ( ) Delete  
Name: DYER, ANGELA  
Address: 5598 COGNAC DRIVE  
City-St-Zip: FORT MYERS, FL 33919

Title: ST ( ) Delete  
Name: GRAYSON, HARRY  
Address: 8659 S.E. 141ST PLACE  
City-St-Zip: SUMMERFIELD, FL 34491

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARLENE O'NEILL

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date