

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90077 001 ***150.00

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1. Entity Name
COASTLINE PROPERTIES OF DESTIN, INC.



Principal Place of Business
15400 EMERALD COAST PKWY, UNIT 1002
DESTIN, FL 32541

Mailing Address
15400 EMERALD COAST PKWY, UNIT 1002
DESTIN, FL 32541

20014027



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02152005 Chg-P CR2E034 (10/03)

City & State
Zip Country

4. FEI Number
20-0481752

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAWKINS, JOHN W ESQ
MATTHEWS & HAWKINS, P.A.
4475 LEGENDARY DR
DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☒ Delete
NAME BASS, MICHAEL D
STREET ADDRESS 15400 EMERALD COAST PKWY #1002
CITY-ST-ZIP DESTIN, FL 32541

TITLE VP ☐ Delete
NAME HARDING, STEPHEN S
STREET ADDRESS 161 E. CHICAGO AVE. SUITE 47C
CITY-ST-ZIP CHICAGO, IL 60611

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/T ☐ Change ☒ Addition
NAME Pamela Shelton Bass
STREET ADDRESS 15400 Emerald Coast Pkwy #1002
CITY-ST-ZIP Destin, FL 32541

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

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

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

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: Pamela Shelton Bass Pamela Shelton Bass 2/16/05 (850) 837-5411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #