



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90044 050 ***150.00

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|--|--|--|---|--|--|
| DOCUMENT # P04000115862 1. Entity Name COASTAL CONDOMINIUMS OF PALM BEACH, INC. | | | |  | |
| Principal Place of Business 790 NW 107TH AVE SUITE 308 MIAMI, FL 33172 | | | | Mailing Address 790 NW 107TH AVE SUITE 308 MIAMI, FL 33172 | |
| 2. Principal Place of Business 5959 Blue Lagoon Dr. Suite, Apt. #, etc. Ste. 200 City & State Miami, FL Zip 33126 | | 3. Mailing Address 5959 Blue Lagoon Dr. Suite, Apt. #, etc. Ste. 200 City & State Miami, FL Zip 33126 | |  | |
| Country U.S.A. | | Country U.S.A. | | 01242006 Chg-P CR2E034 (11/05) | |
| 4. FEI Number 20-1701337 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORPCO, INC. 2699 S BAYSHORE DR 7TH FLOOR MIAMI, FL 33133 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE P NAME MURPHU, THOMAS P JR STREET ADDRESS 790 NW 107TH AVE SUITE 308 CITY-ST-ZIP MIAMI, FL 33172 | <input type="checkbox"/> Delete | | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 5959 BLUE LAGOON DR. SUITE 200 STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZIP MIAMI, FL 33126 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE ST NAME VAUGHN, RON STREET ADDRESS 790 NW 107TH AVE SUITE 308 CITY-ST-ZIP MIAMI, FL 33172 | <input checked="" type="checkbox"/> Delete | | TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME ALDERMAN, KEN R STREET ADDRESS 5959 BLUE LAGOON DR SUITE 200 CITY-ST-ZIP MIAMI, FL 33126 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Delete | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Delete | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Delete | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 2-1-06 Daytime Phone # 305-559-4900 | | |