

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90079 007 ***150.00

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1. Entity Name

COASTAL HOMES OF PALM BEACH, INC.



Principal Place of Business

5959 BLUE LAGOON DR STE 200
MIAMI, FL 33126

Mailing Address

5959 BLUE LAGOON DR STE 200
MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1701137

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPCO, INC.
2699 SOUTH BAYSHORE DR., 7TH FLOOR
MIAMI, FL 33133

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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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MURPHY, THOMAS P JR.
STREET ADDRESS 5959 BLUE LAGOON DR STE 200
CITY-ST-ZIP MIAMI, FL 33126

TITLE ST
NAME ALDERMAN, KEN R
STREET ADDRESS 5959 BLUE LAGOON DR STE 200
CITY-ST-ZIP MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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: Ken Alderman KEN ALDERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-07

Date

305-559-4900

Daytime Phone #