FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V26885

1. Corporation Name

COASTLINE DEVELOPMENT, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90212 042 ***150.00



Principal Place of Business . Mailing Address								***************************************	
4105 SABAL PALM DRIVE 4105 SABAL PALM DRIVE									
VERO BEACH F		VERO BEACH FL 32963				DO NOT WRITE IN THIS SPACE			
·						3. Date Incorporated or Qualifed	III SI ACE		1
i						04/01/1992		ļ	{
Principal Place of Business 2a. Mailing Address						4. FEI Number		pplied For	1
· ·	,	2a. Mailing Address	Mailing Address				— — ·	ot Applicable	1
	ROYAL PALM Blud,	Suite, Apt. #, etc.				65-0329752		Additional	1
Suite, Apt.		27				5. Certifcate of Status Desired	,	equired	
22 SULT City & State		City & State				6:-Election:Campaign:Financing		LMay Be	1
— .: a. a . a	// A /	28				Trust Fund Contribution Added to Fees			1
Zip Zip	Country	Zip Country				8. This corporation owes the current year intangible			1
24 3293			30			Personal Property Tax.	X Yes	□No	
24 0270	9. Name and Address of Current		1			10. Name and Address of New Register	red Agent]
				81 Na	me				}
QUIC	GLEY, DENNIS		82			ss (P.O. Box Number is Not Acceptable)			1
4105	S SABAL PALM DRIVE		62 Str	eet Addres	SS (F.O. Box Nulliber is Not Acceptable)				
VER	O BEACH FL 32963		Ì	83]
1			į	21 00		<u> </u>	ge Zin	Code	4
			- 1	84 Cit	•		FL		
11. Pursuant	to the provisions of Sections 687.0502	and 607.1508; Florida Statutes,	the ab	ove-nan	ned corpoi	ration submits this statement for the purpose's board of directors. I hereby accept the ap	e of changing its	s registered	1
office or re	egistered agent, or both, in the State o	f Florida, Such change was auth	orized	by the c	orporation	's board of directors. I hereby accept the ap	pointment as re	agistered	
			- D		clex		199		
SIGNATURE	Signature, typed or printed name of registered agent					when reinstating) DATE] ;
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12] }
TITLE	VTD	☐ DELETE	1.1 TIT	E			Change	☐ Addition	3
NAME	QUIGLEY, DENNIS P.		1.2 NA	ME					2
STREET ADDRESS	4105 SABAL PALM DR.		1.3 ST	REET ADDR	ESS				1
CITY-ST-ZIP	VERO BEACH FL		1.4 CIT	Y-ST-ZIP] 8
TITLE	PSD	☐ DELETE	2.1 TIT	LE			Change	☐ Addition	'
NAME	QUIGLEY, KIMBERLY F. CR		2.2 NA	ME					
STREET ADDRESS	4105 SABAL PALM DR.	•	2.3 \$TF	REET ADOR	ESS				1
- City 'St 'Zip===	-VERO BEACH FL		:2:4 CF	CY-ST-ZIP.					_
TITLE	VP	☐ DELETE	3.1 TIT				☐ Change	Addition	
NAME	QUIGLEY, THOMAS G		3.2 NA	ME					ĺ
STREET ADDRESS	4105 SABAL PALM DRIVE		3.3 ST	REET ADDR	ESS				
CITY-ST-ZIP	VERO BEACH FL 32963		3.4. CF	ry-st-zip					_
TITLE		☐ DELETE	4.1 ग्रा	LE			☐ Change	☐ Addition	
NAME	·	!	4. 2 NA	ME					
STREET ADDRESS			4.3 STI	REET ADDR	ESS				
CITY-ST-ZIP				Y-ST-ZIP					_
TITLE		(DELETE	5.1 TII				☐ Change	Addition	-
NAME	_ `		5.2 NA		İ				1
l i			5.3 ST	REET ADDR	RESS				
STREET ADDRESS				Y-ST-ZIP	•				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TIT				☐ Change	Addition	-]
			6.2 NA	ME					
NAME			•	···- REET ADOF	ESS .				

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

ObeRAD GNING OFFICER OR DIRECTOR