

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708692

1. Entity Name

COASTAL WATERWAYS APTS., INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90082 013 ****61.25

Principal Place of Business

2600 DIANA DRIVE
HALLANDALE FL 33009

Mailing Address

2600 DIANA DRIVE
HALLANDALE FLA 33009-4827

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1111692

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CHARBONNEAU, MICHEL
2600 DIANA DR #218
HALLANDALE FL 33009

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHARBONNEAU, MICHEL	
STREET ADDRESS	2600 DIANA DR #218	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BONGIORNO, IDA	
STREET ADDRESS	2600 DIANA DR #314	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LEVESQUE, RAYMOND	
STREET ADDRESS	2600 DIANA DR., #303	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TORRES, JAMIE	
STREET ADDRESS	2600 DIANA DR #202	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEFFY, SHIRLEY	
STREET ADDRESS	2600 OMNA DR #107	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL SWEET	
STREET ADDRESS	2600	
CITY-ST-ZIP	#109	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL TREVINO	
STREET ADDRESS		
CITY-ST-ZIP	#318	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: *[Signature]* 03-20-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-4599589

CR2E037 (9/99)