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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720834

1. Corporation Name

COASTAL HOUSE OF POMPANO BEACH CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

ASSOCIATION, INC.
424 NORTH RIVERSIDE DRIVE
POMPANO BEACH FL 33062
US

Mailing Address

ASSOCIATION, INC.
424 NORTH RIVERSIDE DRIVE
POMPANO BEACH FL 33062



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/30/1971

4. FEI Number

59-1421817

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SULLIVAN, MARIE A
424 NO RIVERSIDE DR
STE 207
POMPANO BCH FL 33062

Delete

10. Name and Address of New Registered Agent

81 Name Elizabeth Mullaly (MULLALY)

82 Street Address (P.O. Box Number is Not Acceptable)
424 N. Riverside Drive

83 Apt. 204

84 City Pompano Beach

FL

85 Zip Code

33062

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ELIZABETH MULLALY (TREASURER)

Elizabeth Mullaly Jan 22, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE TD ☒ DELETE

NAME SULLIVAN, MARIE MILES
STREET ADDRESS 424 N RIVERSIDE DR, 201
CITY-ST-ZIP POMPANO BCH FL

Delete

TITLE DS ☒ DELETE

NAME MESSINA, ANNA
STREET ADDRESS 424 N RIVERSIDE DR, 102
CITY-ST-ZIP POMPANO BCH FL

TITLE D ☐ DELETE

NAME JANOTS, FRANK
STREET ADDRESS 424 N RIVERSIDE DR, 103
CITY-ST-ZIP POMPANO BEACH, FL 0

TITLE PD ☐ DELETE

NAME SCOLA, FRANK
STREET ADDRESS 424 N RIVERSIDE DR #201
CITY-ST-ZIP POMPANO BEACH FL

TITLE D ☐ DELETE

NAME WOEHLER, EMMA
STREET ADDRESS 424 N RIVERSIDE DR, 305
CITY-ST-ZIP POMPANO BCH FL

TITLE VD ☐ DELETE

NAME O'BRIEN, BOB
STREET ADDRESS 424 N RIVERSIDE DR, 302
CITY-ST-ZIP POMP BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME Elizabeth Mullaly (MULLALY)
1.3 STREET ADDRESS 424 N. Riverside Dr.
1.4 CITY-ST-ZIP Pompano Beach Florida 33062

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME WILLIAM PICARD
2.3 STREET ADDRESS 424 N. RIVERSIDE DR #202
2.4 CITY-ST-ZIP POMPANO BEACH, FL 33062

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 617, 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANKLYN J. SGOA JR. - PRES
954-943754

CR2E037 (1/98)