

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720834

1. Entity Name

COASTAL HOUSE OF POMPANO BEACH CONDOMINIUM ASSOC

Principal Place of Business

Mailing Address

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

ASSOCIATION, INC.  
424 NORTH RIVERSIDE DRIVE  
POMPANO BEACH FL 33062-5018

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1421817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MULLALY, ELIZABETH  
424 NO RIVERSIDE DR  
APT. 204  
POMPANO BCH FL 33062

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

*Elizabeth Mullaly* Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*Jan 4, 2000*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T ☐ Delete  
NAME MULLALY, ELIZABETH  
STREET ADDRESS 424 N. RIVERSIDE DRIVE #204  
CITY-ST-ZIP POMPANO BCH FL 33062

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☐ Delete  
NAME PICARD, WILLIAM  
STREET ADDRESS 424 NO. RIVERSIDE DRIVE, #202  
CITY-ST-ZIP POMPANO BCH FL 33062

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME SCOLA, FRANK  
STREET ADDRESS 424 N RIVERSIDE DR #204 #301  
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME WOEHREL, EMMA  
STREET ADDRESS 424 N RIVERSIDE DR, 305  
CITY-ST-ZIP POMPANO BCH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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

*Elizabeth Mullaly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 4, 2000 (954) 946-456*

Date

Daytime Phone #