

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720834

FILED
Jan 06, 2009
Secretary of State

Entity Name: COASTAL HOUSE OF POMPANO BEACH CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1421817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINN, LAURA
424 NO RIVERSIDE DR
APT. 204
POMPANO BCH, FL 33062 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PEPPLITSCH, PAUL
Address: 424 N RIVERSIDE DR
City-St-Zip: POMPANO BCH, FL 33062

Title: T () Delete
Name: FINN, LAURA
Address: 424 N RIVERSIDE DR #203
City-St-Zip: POMPANO BCH, FL 33062

Title: D () Delete
Name: NELSON, ROBERT
Address: 424 N RIVERSIDE #303
City-St-Zip: POMPANO BEACH, FL 33062

Title: S () Delete
Name: ZECH, LOUISE
Address: 424 RIVERSIDE DR #302
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP () Delete
Name: BUCHALTER, MURIEL
Address: 424 N RIVERSIDE DR #101
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL PEPPLITSCH

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date