

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 708692

**Entity Name:** COASTAL WATERWAYS APTS., INC.**Current Principal Place of Business:**COASTAL WATERWAYS APTS., INC  
2600 DIANA DRIVE  
HALLANDALE BEACH, FL 33009**Current Mailing Address:**COASTAL WATERWAYS APTS., INC  
2600 DIANA DRIVE  
HALLANDALE BEACH, FL 33009**FEI Number:** 59-1111692**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.  
1 EAST BROWARD BLVD., SUITE 1800  
FORT LAUDERDALE, FL 33301 US*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

**Officer/Director Detail :**

Title	VP
Name	PILON, REJEAN
Address	COASTAL WATERWAYS APTS., INC 2600 DIANA DRIVE UNIT 307
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	DIRECTOR
Name	RABY, DENIS
Address	2600 DIANA DR APT 125
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	TREASURER
Name	POLUMBO, MARY LOU
Address	2600 DIANA DR APART #208
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	EXECUTIVE SECRETARY
Name	CORRENTI, SUSAN
Address	COASTAL WATERWAYS APTS., INC 2600 DIANA DRIVE UNIT 312
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	PRESIDENT
Name	EDEN, GARY EARL
Address	2600 DIANA DR APRT #311
City-State-Zip:	HALLANDALE BEACH FL 33009

*I hereby 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 all other like empowered.*

**SIGNATURE:** GARY E. EDEN**PRESIDENT****02/10/2019**

Electronic Signature of Signing Officer/Director Detail

Date