

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:** No

**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            PRESIDENT  
Name           WILLIFORD, JAMES  
Address        2600 DIANA DR  
                  UNIT 104  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            VP  
Name           PILON, REJEAN  
Address        COASTAL WATERWAYS APTS., INC  
                  2600 DIANA DRIVE UNIT 307  
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            TREASURER  
Name           DESBEINS, ANDRE  
Address        COASTAL WATERWAYS APTS., INC  
                  2600 DIANA DRIVE UNIT 318  
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

*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:** JAMES H WILLIFORD

**PRESIDENT**

**03/21/2016**

Electronic Signature of Signing Officer/Director Detail

Date