

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720834

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

Current Mailing Address:

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

FEI Number: 59-1421817

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZECH, LOUISE
424 N RIVERSIDE DR
APT. 302
POMPANO BCH, FL 33062 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 P
Name PEPPLITSCH, PAUL
Address 424 N RIVERSIDE DR #304
City-State-Zip: POMPAN0 BCH FL 33062

Title TREASURER
Name NELSON, ROBERT
Address 424 N RIVERSIDE, #303
City-State-Zip: POMPAN0 BEACH FL 33062

Title S
Name ZECH, LOUISE
Address 424 RIVERSIDE DR #302
City-State-Zip: POMPAN0 BEACH FL 33062

Title VP
Name MALFE, JAMES
Address 424 N RIVERSIDE DR #102
City-State-Zip: POMPAN0 BEACH FL 33062

Title DIRECTOR
Name LAWSON, KELLY
Address 424 NORTH RIVERSIDE DR, #203
City-State-Zip: POMPAN0 BEACH FL 33062

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: LOUISE ZECH

SECY

02/19/2021

Electronic Signature of Signing Officer/Director Detail

Date