

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720834

**Entity Name:** COASTAL HOUSE OF POMPANO BEACH CONDOMINIUM  
ASSOCIATION, INC**FILED**  
**Mar 05, 2022**  
**Secretary of State**  
**6022564839CC****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: POMPANO BCH FL 33062Title TREASURER  
Name NELSON, ROBERT  
Address 424 N RIVERSIDE, #303  
City-State-Zip: POMPANO BEACH FL 33062Title S  
Name ZECH, LOUISE  
Address 424 RIVERSIDE DR #302  
City-State-Zip: POMPANO BEACH FL 33062Title VP  
Name MALFE, JAMES  
Address 424 N RIVERSIDE DR #102  
City-State-Zip: POMPANO BEACH FL 33062Title DIRECTOR  
Name LAWSON, KELLY  
Address 424 NORTH RIVERSIDE DR, #203  
City-State-Zip: POMPANO 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****03/05/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date