

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731160

**Entity Name:** SUNTIDE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O COASTAL PROPERTY MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE400  
STUART, FL 34994**Current Mailing Address:**C/O COASTAL PROPERTY MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE400  
STUART, FL 34994 US**FEI Number:** 59-1720637**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FIELDS & BOCHOVE, PLLC  
4440 PGA BOULEVARD  
SUITE 308  
PALM BEACH GARDENS, FL 33410 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:** EVAN BOCHOVE

04/30/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP
Name	MIZENKO, MICHAEL
Address	C/O COASTAL PROPERTY MANAGEMENT 10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

Title	SECRETARY
Name	ROHAN, SUSAN
Address	C/O COASTAL PROPERTY MANAGEMENT 10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

Title	DIRECTOR
Name	CANAVAN, JOHN
Address	C/O COASTAL PROPERTY MANAGEMENT 10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

Title	PRESIDENT
Name	JONES, RALPH III
Address	C/O COASTAL PROPERTY MANAGEMENT 10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

Title	TREASURER
Name	CLAUSSEN, DEBBY
Address	C/O COASTAL PROPERTY MANAGEMENT 10 SE CENTRAL PARKWAY SUITE400

City-State-Zip: STUART FL 34994

*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:** SUSAN ROHAN**SECRETARY**

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date