

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748986

Entity Name: COASTAL II CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O GPM CONDOMINIUM ASSOCIATION
1319 MIRAMAR ST 101
CAPE CORAL, FL 33904**Current Mailing Address:**C/O GPM CONDOMINIUM ASSOCIATION
1319 MIRAMAR ST 101
CAPE CORAL, FL 33904 US**FEI Number:** 59-2034469**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STACY, FAITH
C/O GPM CONDOMINIUM ASSOCIATION
1319 MIRAMAR ST 101
CAPE CORAL, FL 33904 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:** FAITH STACY**04/17/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CHENOT, GLENN
Address C/O GPM CONDOMINIUM
 ASSOCIATION
 1319 MIRAMAR ST 101
City-State-Zip: CAPE CORAL FL 33904

Title DIRECTOR
Name ARDOLF, JOHN
Address C/O GPM CONDOMINIUM
 ASSOCIATION
 1319 MIRAMAR ST 101
City-State-Zip: CAPE CORAL FL 33904

Title SECRETARY
Name WOHLBEN, MICHAEL
Address C/O GPM CONDOMINIUM
 ASSOCIATION
 1319 MIRAMAR ST 101
City-State-Zip: CAPE CORAL FL 33904

Title TREASURER
Name COUTURE, DENNIS
Address C/O GPM CONDOMINIUM
 ASSOCIATION
 1319 MIRAMAR ST 101
City-State-Zip: CAPE CORAL FL 33904

Title VP
Name ESTES, CRAIG
Address C/O GPM CONDOMINIUM
 ASSOCIATION
 1319 MIRAMAR ST 101
City-State-Zip: CAPE CORAL FL 33904

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: GLENN CHENOT**P****04/17/2023**

Electronic Signature of Signing Officer/Director Detail

Date