## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000306

Entity Name: GARDENS AT BEACHWALK CONDOMINIUM ASSOCIATION,

INC.

Mar 11, 2025 Secretary of State 6642467134CC

**FILED** 

## **Current Principal Place of Business:**

C/O COMPASS ROSE MANAGEMENT

1010 NE 9TH

CAPE CORAL, FL 33909

## **Current Mailing Address:**

C/O COMPASS ROSE MANAGEMENT 1010 NE 9TH STREET CAPE CORAL, FL 33909 US

FEI Number: 20-0659408 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

COMPASS ROSE MANAGEMENT C/O COMPASS ROSE MANAGEMENT 1010 NE 9TH STREET CAPE CORAL, FL 33909 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: ROBERT JAMES LLL MONAHAN 03/11/2025

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VP

Name MONAHAN, ROBERT Name PINTO, MICHAEL

Address C/O COMPASS ROSE MANAGEMENT Address C/O COMPASS ROSE MANAGEMENT

1010 NE 9TH STREET 1010 NE 9TH STREET

City-State-Zip: CAPE CORAL FL 33909 City-State-Zip: CAPE CORAL FL 33909

Title TREASURER Title SECRETARY

Name COFFEEN, TED Name LAURENZO, ANGELO

Address C/O COMPASS ROSE MANAGEMENT Address C/O COMPASS ROSE MANAGEMENT

1010 NE 9TH STREET 1010 NE 9TH STREET

City-State-Zip: CAPE CORAL FL 33909 City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR
Name CIOTTI, MARIO

Address C/O COMPASS ROSE MANAGEMENT

1010 NE 9TH STREET

City-State-Zip: CAPE CORAL FL 33909

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.

Electronic Signature of Signing Officer/Director Detail