

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000001989

**Entity Name:** COASTAL WINDS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**801 N. RIVERSIDE DRIVE  
POMPANO BEACH, FL 33062**Current Mailing Address:**801 N. RIVERSIDE DRIVE  
7 B  
POMPANO BEACH, FL 33062 US**FEI Number:** 27-2254380**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOWDALL TAX SERVICE  
1701 E ATLANTIC BLVD  
SUITE 4  
POMPANO BEACH, FL 33060 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:** DONNA DOWDALL

03/17/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR
Name	CATARUO, WILLIAM
Address	801 N. RIVERSIDE DRIVE B-1
City-State-Zip:	POMPANO BEACH FL 33062

Title	DIRECTOR
Name	LIBBY, WILLIAM
Address	801 N. RIVERSIDE DRIVE B-6
City-State-Zip:	POMPANO BEACH FL 33062

Title	T
Name	BEAL, PENNY
Address	801 N. RIVERSIDE DRIVE B-5
City-State-Zip:	POMPANO BEACH FL 33062

Title	PRESIDENT
Name	AMADEO, SAL
Address	801 N. RIVERSIDE DRIVE A-1
City-State-Zip:	POMPANO BEACH FL 33062

Title	VP
Name	DOYON, JEAN-CHARLES
Address	1485 CH MOULTON HILL C-5
City-State-Zip:	SHERBROOKE JIG5E4

Title	SECRETARY
Name	ROMANELLI, DOROTHY
Address	801 N RIVERSIDE DRIVE C-3
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:** DOROTHY ROMANELLI**SECRETARY**

03/17/2020

Electronic Signature of Signing Officer/Director Detail

Date