

2019 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

04/04/2019

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 BRESLIN, MARY LOU
Address 801 N. RIVERSIDE DRIVE
B-7
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: MARY LOU BRESLIN

T

04/04/2019

Electronic Signature of Signing Officer/Director Detail

Date