

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

DOCUMENT# N22295

**FILED**  
**Apr 05, 2021**  
**Secretary of State**  
**6952200378CC**

**Entity Name:** FAIRWAY WOODS OF CROSS CREEK II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

COASTAL ASSOCIATION SERVICES, LLC  
1314 CAPE CORAL PKWY E SUITE 205  
CAPE CORAL, FL 33904

**Current Mailing Address:**

COASTAL ASSOCIATION SERVICES, LLC  
1314 CAPE CORAL PKWY E SUITE 205  
CAPE CORAL, FL 33904 US

**FEI Number: 65-0032899**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COASTAL ASSOCIATION SERVICES, LLC  
COASTAL ASSOCIATION SERVICES, LLC  
1314 CAPE CORAL PKWY E SUITE 205  
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: TROY FUTCH**

**04/05/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HAMEL, BRUCE  
Address        COASTAL ASSOCIATION SERVICES,  
                  LLC  
                  1314 CAPE CORAL PKWY E SUITE 205

Title            SECRETARY, TREASURER  
Name            JAHNKE, CARL  
Address        COASTAL ASSOCIATION SERVICES,  
                  LLC  
                  1314 CAPE CORAL PKWY E SUITE 205

City-State-Zip: CAPE CORAL FL 33904

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Title            DIRECTOR  
Name            GALL, MARY ANN  
Address        COASTAL ASSOCIATION SERVICES,  
                  LLC  
                  1314 CAPE CORAL PKWY E SUITE 205

Title            DIRECTOR  
Name            CABALLERO, CORINNE  
Address        COASTAL ASSOCIATION SERVICES,  
                  LLC  
                  1314 CAPE CORAL PKWY E SUITE 205

City-State-Zip: CAPE CORAL FL 33904

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Title            VP  
Name            LITTLE, CAROL  
Address        COASTAL ASSOCIATION SERVICES,  
                  LLC  
                  1314 CAPE CORAL PKWY E SUITE 205

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: BRUCE HAMEL**

**PRESIDENT**

**04/05/2021**

Electronic Signature of Signing Officer/Director Detail

Date