

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22295

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

FILED
Feb 21, 2024
Secretary of State
8966892217CC

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

02/21/2024

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

City-State-Zip: CAPE CORAL FL 33904

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

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

City-State-Zip: CAPE CORAL FL 33904

Title DIRECTOR
Name CABALLERO, CORINNE
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

02/21/2024

Electronic Signature of Signing Officer/Director Detail

Date