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Secretary of State

04-04-2007 90169 015 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 707645

1. Entity Name
COASTAL WINDS SOUTH INC



Principal Place of Business
743 N RIVERSIDE DR
POMPNO BCH, FL 33062

Mailing Address
743 N RIVERSIDE DR
POMPNO BCH, FL 33062

40049586



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1162328

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATRICIA VAN ZANDT ROBERT VAN ZANDT
743 N RIVERSIDE DRIVE APT 8C
POMPANO BEACH, FL 33062

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VAN ZANDT, ROBERT
742 N RIVERSIDE DRIVE C-8
POMPANO BEACH, FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
HANS JERLIN
743 N. RIVERSIDE DR. C-7
POMPANO BEACH FL 33062 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CARUSO, JOSEPH
743 N RIVERSIDE DR #2C
POMPANO BEACH, FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
RICHARD TEDESCHI
743 N. RIVERSIDE DR B-1
POMPANO BEACH FL 33062 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
RYAN, BEVERLY
743 N. RIVERSIDE
POMPANO BEACH, FL 33062 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
RAY SHAW
743 N. RIVERSIDE DR C-1
POMPANO BEACH FL 33062 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
VAN ZANDT, PATRICIA
743 N. RIVERSIDE DR APT 8-C
POMPANO BEACH, FL 33062 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BRENNAN, JAMES
743 N. RIVERSIDE DR. APT 8B
POMPANO BEACH, FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HENDRICK, KATHI
743 N. RIVERSIDE DR. APT 6B
POMPANO BCH, FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Van Zandt ROBERT VAN ZANDT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-07

954-941-1803

Date

Daytime Phone #

40049586
707645

ATTACHMENT

Form **1120-H**

Department of the Treasury
Internal Revenue Service

**U.S. Income Tax Return
for Homeowners Associations**

OMB No. 1545-0127

2006

For calendar year 2006 or tax year beginning , 2006, and ending

Use IRS label. Other- wise, print or type.	Name	COASTAL WINDS SOUTH INC	Employer identification number (see instructions)	59-1162328
	Number, street, and room or suite no. (If a P.O. box, see instructions.)	743 N. RIVERSIDE DRIVE	Date association formed	07/28/64
	City or town, state, and ZIP code	POMPANO BEACH FL 33062		

Check if: ☐ 1 Final return ☒ 2 Name change ☐ 3 Address change ☐ 4 Amended return

A Check type of homeowner's association: <input checked="" type="checkbox"/> Condominium management association <input type="checkbox"/> Residential real estate association <input type="checkbox"/> Timeshare association	
B Total exempt function income. Must meet 60% gross income test (see instructions)	B 88,140.
C Total expenditures made for purposes described in 90% expenditure test (see instructions)	C 93,280.
D Association's total expenditures for the tax year (see instructions)	D 97,131.
E Tax-exempt interest received or accrued during the tax year	E 0.

Gross Income (excluding exempt function income)

1 Dividends	1	
2 Taxable interest	2	380.
3 Gross rents	3	
4 Gross royalties	4	
5 Capital gain net income (attach Schedule D (Form 1120))	5	
6 Net gain (or loss) from Form 4797, Part II, line 17 (attach Form 4797)	6	
7 Other income (excluding exempt function income) (attach schedule)	7	See Other Income Statement 3,244.
8 Gross income (excluding exempt function income). Add lines 1 through 7	8	3,624.

Deductions (directly connected to the production of gross income, excluding exempt function income)

9 Salaries and wages	9	
10 Repairs and maintenance	10	
11 Rents	11	
12 Taxes and licenses	12	
13 Interest	13	
14 Depreciation (attach Form 4562)	14	
15 Other deductions (attach schedule)	15	See Other Deductions Statement 3,850.
16 Total deductions. Add lines 9 through 15	16	3,850.
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	-226.
18 Specific deduction of \$100	18	\$100.

Tax and Payments

19 Taxable income. Subtract line 18 from line 17	19	-326.
20 Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)	20	
21 Tax credits (see instructions)	21	
22 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	22	
23 Payments:		
a 2005 overpayment credited to 2006	23 a	
b 2006 estimated tax payments	23 b	
c Total	23 c	
d Tax deposited with Form 7004	23 d	0.
e Credit for tax paid on undistributed capital gains (attach Form 2439)	23 e	
f Credit for federal tax on fuels (attach Form 4136)	23 f	
g Credit for federal telephone excise tax paid (attach Form 8913)	23 g	
h Add lines 23c through 23g	23 h	0.
24 Amount owed. Subtract line 23h from line 22. See instructions for depository method of tax payment	24	
25 Overpayment. Subtract line 22 from line 23h	25	0.
26 Enter amount of line 25 you want: Credited to 2007 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	26	

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
	Signature of officer	Date

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code			

40049586
707645

ATTACHMENT

COASTAL WINDS SOUTH INC 59-1162328

1

Form 1120H, Page 1, Line 7

Other Income Statement

Coastal Vista Light	60.
Washer/Dryer	3,184.
Total	3,244.

Form 1120H, Page 1, Line 15

Other Deductions Statement

Laundry Expense	1,984.
FPL 10%	1,065.
City Water 10%	801.
Total	3,850.