

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90027 046 ****70.00

DOCUMENT # 708692

1. Entity Name

COASTAL WATERWAYS APTS., INC.



Principal Place of Business

COASTAL WATERWAYS APTS., INC
2600 DIANA DRIVE
HALLANDALE BEACH FL 33009

Mailing Address

2600 DIANA DRIVE
HALLANDALE BEACH FL 33009



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

Coastal Waterways
Suite, Apt. #, etc.

3. Mailing Address

2600 Diana Dr.
Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

Hallandale FL

City & State

Hallandale FL

4. FEI Number

59-1111692

Applied For

No: Applicable

Zip

33009

Country

Broward

Zip

33009

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WIX, CATHERINE
2600 DIANA DRIVE
SUITE 305
HALLANDALE BEACH FL 33009

7. Name and Address of New Registered Agent

Name

Phyllis Trychta

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

2600 Diana Dr.

City

Hallandale

FL

Zip Code

33009

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

Phyllis Trychta

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE	PD	☒ Delete
NAME	SILVER, ABE	
STREET ADDRESS	2600 DIANA DRIVE, APT. # 225	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009	
TITLE	1VD	☒ Delete
NAME	TRYCHTA, PHYLLIS	
STREET ADDRESS	2600 DIANA DRIVE, APT. # 321	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009	
TITLE	2VD	☒ Delete
NAME	ARCURI, DONALD	
STREET ADDRESS	2600 DIANA DRIVE, APT. # 218	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009	
TITLE	S	☒ Delete
NAME	MARSHALL, NANCY	
STREET ADDRESS	2600 DIANA DRIVE SUITE 318	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	2nd V.P.	☐ Change ☒ Addition
NAME	Phyllis Trychta	
STREET ADDRESS	2600 Diana Dr Apt 321	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	Treasurer	☒ Change ☐ Addition
NAME	Allan Glickman	
STREET ADDRESS	2600 Diana Dr Apt 125	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	1st P	☐ Change ☒ Addition
NAME	Susan Conner	
STREET ADDRESS	2600 Diana Dr Apt 312	
CITY-ST-ZIP	Hallandale 33009	
TITLE	Secretary	☐ Change ☒ Addition
NAME	TERESA NEUMAN	
STREET ADDRESS	2600 Diana Dr Apt 320	
CITY-ST-ZIP	Hallandale 33009	
TITLE	President	☐ Change ☒ Addition
NAME	Joanna French	
STREET ADDRESS	2600 Diana Dr Apt 216	
CITY-ST-ZIP	Hallandale 33009	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Phyllis Trychta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Signature Page #