

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N06323

1. Entity Name
COASTAL LANDING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3300 N OCEAN DR
APT 2C
HOLLYWOOD, FL 33019**

Mailing Address
**3300 N OCEAN DR
APT 2C
HOLLYWOOD, FL 33019**



01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEJ Number
59-2289287

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMPSON, WILLIAM J
3300 N OCEAN DR 2C
HOLLYWOOD, FL 33019**

**DO NOT WRITE
IN THIS SPACE**

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

William J. Thompson

2-12-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
BOUFFARD, MAURICE
3300 N OCEAN DR 3D
HOLLYWOOD, FL 33019**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
THOMPSON, WILLIAM J
3300 N. OCEAN DR #2C
HOLLYWOOD, FL 33018**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ROCHEZ, JODY
3300 N. OCEAN DR #2A
HOLLYWOOD, FL 33019**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MUMPOWER, JOSEPH
3300 N OCEAN DR # 3F
HOLLYWOOD, FL 33018**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000434638
02/25/06-80012-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

William J. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-925-5021