

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728032

Entity Name: GOLD COAST TOWERS - A CONDOMINIUM, INC.**Current Principal Place of Business:**1 SOUTH LAKESIDE DRIVE
LAKE WORTH, FL 33460**Current Mailing Address:**1 SOUTH LAKESIDE DRIVE
LAKE WORTH, FL 33460 US**FEI Number:** 59-1509634**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SLOAN, APRIL
ONE SOUTH LAKESIDE DRIVE
LAKE WORTH, FL 33460 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:** APRIL SLOAN

01/29/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name SLOAN, APRIL L
Address ONE SOUTH LAKESIDE DRIVE
 B2
City-State-Zip: LAKE WORTH FL 33460

Title DIR
Name DANIELS, RICHARD
Address ONE SOUTH LAKESIDE DRIVE
City-State-Zip: LAKE WORTH FL 33460

Title DIRECTOR
Name EMDE, SUSAN
Address ONE SOUTH LAKESIDE DRIVE
City-State-Zip: LAKE WORTH FL 33460

Title DIRECTOR
Name LAMANNA, JAMES
Address ONE SOUTH LAKESIDE DRIVE
City-State-Zip: LAKE WORTH FL 33460

Title SECRETARY
Name WADE, CHRISTINE
Address ONE SOUTH LAKESIDE DRIVE
City-State-Zip: LAKE WORTH FL 33460

Title VP
Name WOODING, JOYCE
Address ONE SOUTH LAKESIDE DRIVE
City-State-Zip: LAKE WORTH FL 33460

Title DIRECTOR
Name LALLINEC, PATRICIA
Address ONE SOUTH LAKESIDE DRIVE
City-State-Zip: LAKE WORTH FL 33460

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: APRIL L SLOAN

TREASURER

01/29/2021

Electronic Signature of Signing Officer/Director Detail

Date