

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 753095

**Entity Name:** GUMBO LIMBO COASTAL STEWARDS, INC.

**Current Principal Place of Business:**

5301 N FEDERAL HWY  
SUITE 245  
BOCA RATON, FL 33487

**Current Mailing Address:**

5301 N FEDERAL HWY  
SUITE 245  
BOCA RATON, FL 33487 US

**FEI Number:** 59-2015726

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HOLLOWAY, JOHN F  
5301 N FEDERAL HWY  
SUITE 245  
BOCA RATON, FL 33487 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:** JOHN HOLLOWAY

01/31/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name PENDAKUR, MANJUNATH  
Address 5301 NORTH FEDERAL HIGHWAY  
SUITE 245  
City-State-Zip: BOCA RATON FL 33487

Title TREASURER  
Name REINKEN, SHEILA  
Address 5301 NORTH FEDERAL HIGHWAY  
SUITE 245  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR  
Name THOMPSON, MATTHEW  
Address 5301 NORTH FEDERAL HIGHWAY  
SUITE 245  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR  
Name LOLAVAR , ALEXANDRA  
Address 5301 NORTH FEDERAL HIGHWAY  
SUITE 245  
City-State-Zip: BOCA RATON FL 33487

Title SECRETARY  
Name RIZZARDI, KEITH  
Address 5301 NORTH FEDERAL HIGHWAY  
SUITE 245  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR  
Name MORIGERATO, ROBYN  
Address 5301 NORTH FEDERAL HIGHWAY  
SUITE 245  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR  
Name BARRERA, JOSE  
Address 5301 NORTH FEDERAL HIGHWAY  
SUITE 245  
City-State-Zip: BOCA RATON FL 33487

Title PRESIDENT  
Name HOLLOWAY, JOHN  
Address 5301 N FEDERAL HWY  
SUITE 245  
City-State-Zip: BOCA RATON FL 33487

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*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:** JOHN HOLLOWAY

PRESIDENT

01/31/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	CFO
Name	MULCAHY, PATRICIA
Address	5301 N FEDERAL HIGHWAY SUITE 245
City-State-Zip:	BOCA RATON FL 33487