## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000720

Entity Name: FOREST POINTE HOMEOWNERS ASSOCIATION, INC.

**FILED** Mar 20, 2024 **Secretary of State** 4792987943CC

**Current Principal Place of Business:** 

COASTAL HOA MANAGEMENT SERVICES, INC 6454 RIDGE RD

PORT RICHEY, FL 34668

## **Current Mailing Address:**

COASTAL HOA MANAGEMENT SERVICES, INC PO BOX 1407 PORT RICHEY, FL 34673 US

FEI Number: 59-3173967 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

COASTAL HOA MANAGEMENT SERVICES, INC. COASTAL HOA MANAGEMENT SERVICES, INC PO BOX 1407

PORT RICHEY, FL 34673 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: MARYANN SYRASKI 03/20/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title DIRECTOR

Name WHITTON, JOE Name COLLETTE, EUGENE

COASTAL HOA MANAGEMENT Address Address COASTAL HOA MANAGEMENT

SERVICES, INC SERVICES, INC PO BOX 1407 PO BOX 1407

PORT RICHEY FL 34673 PORT RICHEY FL 34673 City-State-Zip: City-State-Zip:

**DIRECTOR** Title SECRETARY, TREASURER Title CUSACK, DEBORAH Name Name

PALAKKAT, MAX

Address COASTAL HOA MANAGEMENT Address COASTAL HOA MANAGEMENT SERVICES, INC SERVICES, INC

PO BOX 1407 PO BOX 1407

City-State-Zip: PORT RICHEY FL 34673 City-State-Zip: PORT RICHEY FL 34673

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.