FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 12:19

DOCUMENT # 714432 (2)

1. Corporation Name
COASTAL VISTA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
725 N. RIVERSIDE DR. #104 POMPANO BEACH FL 33062 US	725 N. RIVERSIDE DR. #104 POMPANO BEACH FL 33062 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1968
3a. Date of Last Report: 03/30/1994
4. FEI Number: 59-6218246 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24 Country 25
Zip 29 Country 30
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BECKER,POLIAKOFF & STREITFELD,P.A.
EMERALD LAKE CORPORATE PARK
3111 STIRLING ROAD
FORT LAUDERDALE FL 33312-6525

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☒ Change ☐ Addition
NAME	KEMPF,WAYNE	1.2 NAME		
STREET ADDRESS	725 N RIVERSIDE DR #204	1.3 STREET ADDRESS	725 N. Riverside Dr. #101	
CITY-ST-ZIP	POMPANO, FL 00000	1.4 CITY-ST-ZIP		
TITLE	D/S JACKIE STEWART	2.1 TITLE	D/S	☒ Change ☐ Addition
NAME	[redacted]	2.2 NAME	Jackie Stewart	
STREET ADDRESS	725 N RIVERSIDE DR #403	2.3 STREET ADDRESS	725 N. Riverside Dr. #402	
CITY-ST-ZIP	POMPANO, FL 00000	2.4 CITY-ST-ZIP	Pompano Beach, Fl. 33062	
TITLE	DV ANDRE LISTHAEGHI	3.1 TITLE	D/VP	☒ Change ☐ Addition
NAME	[redacted]	3.2 NAME	Andre Listhaeghe	
STREET ADDRESS	725 N. RIVERSIDE DR #103	3.3 STREET ADDRESS	725 N. Riverside Dr. #304	
CITY-ST-ZIP	POMPANO, FL 00000	3.4 CITY-ST-ZIP	Pompano Beach, Fl. 33062	
TITLE	DT	4.1 TITLE		☐ Change ☐ Addition
NAME	LANYON, CHERI	4.2 NAME		
STREET ADDRESS	725 NO RIVERSIDE DR #303	4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP		
TITLE	PD PETER BONGIOVANNI	5.1 TITLE	D/P	☒ Change ☐ Addition
NAME	[redacted]	5.2 NAME	Peter Bongiovanni	
STREET ADDRESS	725 N RIVERSIDE DR #405	5.3 STREET ADDRESS	725 N. Riverside Dr. #105	
CITY-ST-ZIP	POMPANO FL	5.4 CITY-ST-ZIP	Pompano Beach, Fl. 33062	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/31/95 305-941-2691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Peter Bongiovanni