

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/11/1968

3a. Date of Last Report
04/10/1995

4. FEI Number
59-6218246

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE D VP/D ☐ DELETE
NAME KEMPF, WAYNE
STREET ADDRESS 725 N RIVERSIDE DR., #101
CITY-ST-ZIP POMPANO, FL 00000

TITLE D SEC ☐ DELETE
NAME STEWART, JACKIE
STREET ADDRESS 725 N RIVERSIDE DR., #402
CITY-ST-ZIP POMPANO BEACH FL

TITLE ~~DVP~~ ☒ DELETE
NAME ~~LISTHALGHE, ANDRE~~
STREET ADDRESS ~~725 N RIVERSIDE DR., #304~~
CITY-ST-ZIP ~~POMPANO BEACH FL~~

TITLE ~~DT~~ ☒ DELETE
NAME ~~LANYON, CHERI~~
STREET ADDRESS ~~725 N RIVERSIDE DR #303~~
CITY-ST-ZIP ~~POMPANO BEACH FL~~

TITLE ~~PD~~ ☒ DELETE
NAME ~~BONGIOVANNI, PETER~~
STREET ADDRESS ~~725 N RIVERSIDE DR., #105~~
CITY-ST-ZIP ~~POMPANO BEACH FL~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

***61.25

☐ Change ☒ Addition

JOSEPH QUINN
725 N. RIVERSIDE DR T/D
POMPANO BEACH, FL 33062
WALTER SIMAO
725 N. RIVERSIDE DR. PRES
POMPANO BEACH, FL 33062
TREASURER
MARY BONGIOVANNI
725 N. RIVERSIDE DR. #105
POMPANO BEACH, FL 33062

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

JACKIE STEWART
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACKIE STEWART 4/19/96

954-978-3525

Date

Daytime Phone #

CR2E037 (12/95)