


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 714432 (2) 1. Corporation Name COASTAL VISTA ASSOCIATION, INC.					
Principal Place of Business 725 N. RIVERSIDE DR. #104 POMPANO BEACH FL 33062 US			Mailing Address 725 N. RIVERSIDE DR. #104 POMPANO BEACH FL 33062-4516 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/11/1968	
				3a. Date of Last Report 05/23/1996	
		4. FEI Number 59-6218246		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (Applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	VP/D	<input type="checkbox"/> DELETE			
NAME	KEMPF, WAYNE				
STREET ADDRESS	725 N RIVERSIDE DR., #101				
CITY-ST-ZIP	POMPANO, FL 00000				
TITLE	S/D	<input type="checkbox"/> DELETE			
NAME	STEWART, JACKIE				
STREET ADDRESS	725 N RIVERSIDE DR., #402				
CITY-ST-ZIP	POMPANO BEACH FL				
TITLE	T/D	<input type="checkbox"/> DELETE			
NAME	QUINN, JOSEPH				
STREET ADDRESS	725 N RIVERSIDE DR.				
CITY-ST-ZIP	POMPANO BEACH FL 33062				
TITLE	P/D	<input type="checkbox"/> DELETE			
NAME	SIMAO, WALTER				
STREET ADDRESS	725 NO RIVERSIDE DR.				
CITY-ST-ZIP	POMPANO BEACH FL 33062				
TITLE	T/D	<input type="checkbox"/> DELETE			
NAME	BONGIOVANNI, MARY				
STREET ADDRESS	725 N RIVERSIDE DR., #105				
CITY-ST-ZIP	POMPANO BEACH FL 33062				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ DATE _____

CR2E037 (9/96)