

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714432

1. Entity Name

COASTAL VISTA ASSOCIATION, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90115 021 ****61.25

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6218246	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
FEE IS \$61.25**

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D KEMPF, WAYNE <input checked="" type="checkbox"/> Delete 725 N RIVERSIDE DR., #101 POMPANO, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D STEWART, JACKIE <input checked="" type="checkbox"/> Delete 725 N RIVERSIDE DR., #402 POMPANO BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUINN, JOSEPH <input checked="" type="checkbox"/> Delete 725 N RIVERSIDE DR. POMPANO BEACH FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINQUIST, ROBERT <input type="checkbox"/> Delete 725 N RIVERSIDE DR #106 POMPANO BEACH FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D BONGIOVANNI, MARY <input type="checkbox"/> Delete 725 N RIVERSIDE DR., #105 POMPANO BEACH FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANDRE LISTHAEGHE 725 N RIVERSIDE DR #304 POMPANO BEACH FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CAROL WEST 725 N RIVERSIDE DR #404 POMPANO BEACH FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CLAIRE U. JONES 725 N RIVERSIDE DR #201 POMPANO BEACH FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (9/99)