

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90045 019 ****61.25

DOCUMENT # 714432

1. Entity 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
US

54028734



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-6218246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☒ Delete
NAME	LISTHAEGHE, ANDRE	
STREET ADDRESS	725 RIVERSIDE DR, 304	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	S	☐ Delete
NAME	BAUMAN, JOHN	
STREET ADDRESS	725 N. RIVERSIDE DR., #306	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	T	☐ Delete
NAME	QUINN, JOSEPH	
STREET ADDRESS	725 N. RIVERSIDE DR., #405	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	T/D	☐ Delete
NAME	BONGIOVANNI, MARY	
STREET ADDRESS	725 N RIVERSIDE DR., #105	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VP	☐ Delete
NAME	DUPRESNE, GARY	
STREET ADDRESS	725 N RIVERSIDE DR #306	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	BAUMAN, JOHN	
STREET ADDRESS	725 N. RIVERSIDE DR. #306	
CITY-ST-ZIP	POMPANO BEACH, FL. 33062	
TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	QUINN, JOSEPH	
STREET ADDRESS	725 N. RIVERSIDE DR. #405	
CITY-ST-ZIP	POMPANO BEACH, FL. 33062	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	DUPRESNE, GARY	
STREET ADDRESS	725 N RIVERSIDE DR. # 306	
CITY-ST-ZIP	POMPANO BEACH FL. 33062	
TITLE	SECRETARY	☐ Change ☒ Addition
NAME	RENEE KEMPF	
STREET ADDRESS	725 N. RIVERSIDE DR #101	
CITY-ST-ZIP	POMPANO BEACH, FL. 33062	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-04 954-786-093