

714432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

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TALLAHASSEE, FL 32399

R.A. Charge
C. Ocullette AUG 13 2004

COVER LETTER

TO: Amendment Section
Division of Corporations

COASTAL VISTA INC.
725 N RIVERSIDE DR.
POMPANO BEACH, FL 33062

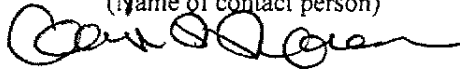
SUBJECT: _____
(Name of corporation)

DOCUMENT NUMBER: REF. # 714432 LET. # 204A00042797

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARY DUFRESNE PRES.
(Name of contact person)



COASTAL VISTA INC.
725 N RIVERSIDE DR.
POMPANO BEACH, FL 33062

COASTAL VISTA INC.
725 N RIVERSIDE DR.
POMPANO BEACH, FL 33062

(Address)

(City/state and zip code)

For further information concerning this matter, please call:

WILLIAM J. BIHLER
(Name of contact person)

at (954) 781-5495
(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CHECK # 6865 ENCLOSED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 30, 2004

GARY DUFRESNE
COASTAL VISTA ASSOCIATION, INC.
725 N. RIVERSIDE DR.
POMPAÑO BEACH, FL 33062

SUBJECT: COASTAL VISTA ASSOCIATION, INC.
Ref. Number: 714432

We have received your document for COASTAL VISTA ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

✓ The current name of the entity is as referenced above. Please correct your document accordingly.

✓ A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

✓ We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 604A00047933

Division of Corporations, State of Florida, Tallahassee, Florida 32314
This document is a computer printout of a document filed with the Division of Corporations, State of Florida, Tallahassee, Florida 32314.
It is not a legal document and should not be used for legal purposes.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: COATAL VISTA ASSOCIATION INC.
2. The principal office address: 725 N RIVERSIDE DR.
POMPANO BEACH, FL 33062
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/1/66 Document number: _____

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: _____

NONE

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed): _____

Gary Dufresne

725 N RIVERSIDE DR.
POMPANO BEACH, FL 33062

(P.O. Box NOT acceptable)

GARY DUFRESNE - PRES.

Gary Dufresne

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Gary Dufresne
(Signature of an officer or director)

GARY DUFRESNE - PRES.
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

x Gary Dufresne
(Signature of Registered Agent)
GARY DUFRESNE - PRES.

July 23, 2004
(Date)

If signing on behalf of an entity:

GARY DUFRESNE
(Typed or Printed Name)

CHECK NO. 686
ENCLOSED
MAILED 7/21/04

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314