

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714432

FILED
Apr 17, 2009
Secretary of State

Entity Name: COASTAL VISTA ASSOCIATION, INC.

Current Principal Place of Business:

725 N. RIVERSIDE DR. #104
POMPANO BEACH, FL 33062 US

New Principal Place of Business:

Current Mailing Address:

725 N. RIVERSIDE DR. #104
POMPANO BEACH, FL 33062 US

New Mailing Address:

FEI Number: 59-6218246 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUFRESNE, GARY
725 N. RIVERSIDE DR. #104
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: BAUMAN, JOHN
Address: 725 N. RIVERSIDE DR., #306
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: QUINN, JOSEPH
Address: 725 N. RIVERSIDE DR., #405
City-St-Zip: POMPANO BEACH, FL 33062

Title: T/D () Delete
Name: SABOURIN, VIRGINIA
Address: 725 N RIVERSIDE DR., #105
City-St-Zip: POMPANO BEACH, FL 33062

Title: P () Delete
Name: DUFRESNE, GARY
Address: 725 N RIVERSIDE DR #306
City-St-Zip: POMPANO BEACH, FL 33062

Title: S () Delete
Name: KEMPF, RENEE
Address: 725 N RIVERSIDE DR # 101
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: DOYLE, ANDREE
Address: 725 N. RIVERSIDE DR., #201
City-St-Zip: POMPANO BEACH, FL 33062

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY DUFRESNE

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date