FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #

741428

(7)

COASTAL VISTA SOUTH ASSOCIATION, INC.

Principal Place of Business Mailing Address							
711 N. RIVERSIDE DRIVE		711 N. RIVERSIDE DRIVE					
		POMPANO BCH. FL 33					
US		US			3. Date Incorporated or Qualified 01/23/1978	3a. Date of Last f 04/20/1	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number		Applied For
//	emi	26 Same			59-1209385	} - }-	Not Applicable
Suite, Apt. #	, etc. 1, 203	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	Additional Required
City & State 23 Pointione Beasty, 7la		City & State 28 Same			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,		
24 3306	2 25 Broward 9. Name and Address of Current	Registered Agent	30 Bron	and	Florida Statutes 10. Name and Address of New Re	Yes No	
CULLIGAN, JOSEPH G. 711 N. RIVERSIDE DRIVE #301 Board Member POMPANO BEACH FL 33062 B1 Name Labert D Vidmar B2 Street Address (P.O. Box Dymber is Not Acceptable) TI N Riverside Prince Aft 203 B3 Parylano Beach, Fla B4 City FL B5 Zip Code 33 012							
11. Fursuant 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. SICNATURE Signature types or proted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE							
12.	OFFICERS AND		13.	y start required	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	P	DELETE	1.1 TITLE		00000174	l Ludicia ⊟thanos	☐ Addition €
NAME	SEITZ, EDGER C.		1.2 NAME		00000174 -03/13/96010	24014	1
STREET ADDRESS	711 N RIVERSIDE DR		1.3 STREET ADI		***61.25		្រុ
CITY-ST-ZIP THUE	POMPANO BCH, FL 00000 VP	∑ DELETE	1.4 CITY - ST - Z 2.1 TITLE	1P -	70 6.	Change	Addition
NAME	WIDMAR, ROBERT	Dettile	2.1 HILE 2.2 NAME		homas Sury	<u>a sonange</u>	☐ YOUTON
STHEET ADDRESS	711 N RIVERSIDE DR		2.3 STREET ADI	DRESS	711 N Reserved Drive	e-	
CHTY-ST-ZIP	POMPANO BCH, FL 00000		2. 4 CITY - ST - 2	ZIP	homas Lary 111 N Remsed Drive Compone Beach.	Fla	
TITLE	D	DELETE	3.1 TITLE		7	☐ Change	Addition
NAME	CULLIGAN, JOSEPH		3.2 NAME				
STREET ADDRESS	711 N RIVERSIDE DR		3.3 STREET ADI				
CHY+ST-ZIP TITLE	POMPANO BCH, FL 00000	₽₹DELETE	3.4 CITY-ST-7	D A	01 (A.D	☐ Change	23-Addition
NAME	d Tiburzi, guvnor	p poten	4.1 TITLE 4. 2 NAME	2/2	haron O'Dannell.	المان و المان	12 Triodition
STREET ADDRESS	711 N RIVERSIDE DR		4.3 STREET AD	DRESS	Pampono Seast In Transver 3706:	le/	
CITY-S1-ZIP	POMPANO BEACH FL		4.4 CITY - ST - Z		Composito Desar asplis	ī	
TITLE	D	∑ DELETE	5.1 TITLE	****	Tuesour	☐ Change	Addition
NAME	JOLIAT, TOM		5.2 NAME		ROBERT D WIDMAR		
STREET ADDRESS	711 N RIVERSIDE DR		5.3 STREET ADI		711 N RIVERSIDE D	R	,
CITY-ST-ZIP	POMPANO BCH, FL 00000		5.4 CITY - ST - Z	IP .	POMPANO BEACH FL		المكرم
TITLE	D	DELETE	6.1 TITLE	P	Luke Hilburn 1118 Reversede & Compone Brush &	Change	
NAME	BARBA, JOHN		6.2 NAME		7/11 Reversed	20	X' \/X
STREET ADORESS	711 N RIVERSIDE DR		6.3 STREET ADI		Comprise Brush &	cie	CA VY
14. Ldo hereby	POMPANO BCH, FL 00000 v certify that the information supplied w	ith this filing is voluntarily furn	64 CITY-ST-Z				es Hurther
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Abbert D Midwar Truss

3/5/96 Date 305-941-0552 Destine Phone II