FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

(7)

COASTAL VISTA SOUTH ASSOCIATION, INC.

Mar 26 1998 8:00am Secretary of State

I INCIN INCI MINN CINC CINC CINC CON CONTRACTOR MAN AND CONTRACTOR MAN AND CONTRACTOR

441-0552

Principal Place of Business Mailing Address							JA GIDU BIDII	OLDII OFBII 1881		
711 N. RIVERSI	DE DRIVE	711 N RIV	711 N. RIVERSIDE DRIVE							
APT. 203		APT. 203					3. Date Incorporated or Qualified			
POMPANO BEA	CH FL 33062		POMPANO BEACH FL 33062				01/23/1978 4. FEI Number		Applied For	
US		US	US				59-1209385		Applied For Not Applicable	
2. Principal P	lace of Business	2a. Mailin	g Address						5 Additional	
21		26	26				5. Certificate of Status Desired		Required	
Suite, Apt	#, etc	Suite,	Suite, Apt. #, etc.				Election Campaign Financing	\$5.00	May Be	
22		27	- 				Trust Fund Contribution	Added	to Fees	
City & Stat	€		City & State				7. Is this nonprofit corporation a homeowners association?			
Zip	Country	28 Zip	Zip Country					∐ No		
24	25 29		30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curre						10. Name and Address of New Registered Agent			
				81	Ī	Name				
WIDMAR	, ROBERT D		82 Street A			Street A	Address (P.O. Box Number is Not Acceptable)			
	IVERSIDE DR		62 Stiest A				delega (i.e. box realised to receptable)			
POMPAN	IO BEACH FL 33062			83	3					
				84	1	City		85 Zi	p Code	
						•	FL	.	•	
office or r	to the provisions of Sections 617.05 egistered agent, or both, in the Stat	02 and 617.1508 .e of Florida. Suc	3, Florida Statutes, h change was aut	, the abov horized b	∕e-r v ti	named ca he corpo	corporation submits this statement for the purpose or	f changing xointment r	j its registered as 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.										
SIGNATURE .	Signature, typed or printed name of registered a	over and this it arreless	nia INOTE S	Projetored An	nont.	eigoati zo ze	equired when reinstating) DATE			
12.	OFFICERS AI	ND DIRECTORS	one (MOIL I	13.	J OI IL	agriaidie ie	ADDITIONS/CHANGES TO DESICERS AND	DIRECTO	ORS IN 12	
TITLE	Brand Member		☐ DELETE 🏚	1.1 TITLE		P	Lun Wordell	☐ Change		
NAME	SEITZ, EDGER C		•	1.2 NAME		·	Lyn Wordell 11/1 Reverside Ar Pempano Beach. Elar			
STREET ADDRESS	711 N RIVERSIDE DR		1.3		1.3 STREET ADDRESS		Company Read Star			
CITY-ST-ZIP	POMPANO BEACH FL				1.4 CITY-ST-ZIP		programe pourn. Wh			
TITLE	VP		☐ DELETE	2.1 TITLE		İ		☐ Change	e Addition	
NAME	GARY, THOMAS			2.2 NAME						
STREET ADDRESS	711 N RIVERSIDE DR		2.3 STREET ADDRESS		DRESS					
CITY-ST-ZIP TITLE	POMPANO BEACH FL		2. 4 CITY-ST-ZIP				T Dhare			
NAME	D Culligan, Joseph			3.1 TITLE				Change	e [Addition	
STREET ADDRESS	711 N RIVERSIDE OR			3.2 NAME 3.3 STREE		ODDECC				
CITY+ST-ZIP	POMPANO BEACH FL			3.4. CITY-						
TITLE	D		DELETE	4.1 TITLE		211		Change	e [Addition	
NAME	HILBURN, LUKE			4. 2 NAME			Robert Strover		_	
STREET ADDRESS	711 N RIVERSIDE DR			4.3 STREET	T AD	OORESS	711 N Reversed xAn			
CITY-ST-ZIP	POMPANO BEACH FL			4.4 CITY - 5	ST-Z	ZIP	Robert Strover			
TITLE	T	· · · ·	DELETE	5.1 TITLE				Change	Addition	
NAME	WIDMAR, ROBERT D			5.2 NAME						
STREET ADDRESS	711 N RIVERSIDE DR			5.3 STREET	T AD	DAESS				
CITY-ST-ZIP	POMPANO BEACH FL 33062	<u>'</u>	DELETE	5.4 C(TY-9	ST-7			RZ o		
TITLE	D DADDA 101MI		DELETE	61 TITLE		p	Thomas Haliat	X Change	e L. Addition	
NAME CIDICI ADDDCCC	Barba, John 711 n Riverside dr			62 NAME			711 N Reverside NX.			
STREET ADORESS	POMPANO BEACH FL			6.3 STREET		DRESS	Thomas Joliat 111 K Reverside Dr. Prinfond Beast. Fla.			
CITY-ST-ZIP	ertify that the information supplied of	with this filing do	es not qualify for t	6.4 CITY-S he exemp	st-2 atio	ar [o stated	in Section 119.07(3)(i). Florida Statutes. Lifurther ce	ertify that #	ne information	
14. 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 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.										
l	1/3		· ^-			•	,			