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04-14-1999 90230 046 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741428

1. Corporation Name

COASTAL VISTA SOUTH ASSOCIATION, INC.

Principal Place of Business

711 N. RIVERSIDE DRIVE
APT. 203
POMPANO BEACH FL 33062
US

Mailing Address

711 N. RIVERSIDE DRIVE
APT. 203
POMPANO BEACH FL 33062
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/23/1978

4. FEI Number

59-1209385

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WIDMAR, ROBERT D
711 N RIVERSIDE DR
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **BMD** ☐ DELETE

NAME **SEITZ, EDGER C**
STREET ADDRESS **711 N RIVERSIDE DR**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **VP** ☐ DELETE

NAME **GARY, THOMAS**
STREET ADDRESS **711 N RIVERSIDE DR**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **D** ☐ DELETE

NAME **CULLIGAN, JOSEPH**
STREET ADDRESS **711 N RIVERSIDE DR**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **D** ☐ DELETE

NAME **BROVER, ROBERT - Brover**
STREET ADDRESS **711 N RIVERSIDE DR**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **T** ☐ DELETE

NAME **WIDMAR, ROBERT D**
STREET ADDRESS **711 N RIVERSIDE DR**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **P** ☐ DELETE

NAME **WORDELL, LYNN**
STREET ADDRESS **711 N RIVERSIDE DR**
CITY-ST-ZIP **POMPANO BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **BMD** ☐ Change ☒ Addition

1.2 NAME **Thomas Joliat**
1.3 STREET ADDRESS **711 N Riverside Dr**
1.4 CITY-ST-ZIP **Pompano Beach Fla**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99 - 941-0552

Date Daytime Phone #

CR2E037 (1/98)