

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741428

FILED  
Jan 19, 2008  
Secretary of State

Entity Name: COASTAL VISTA SOUTH ASSOCIATION, INC.

## Current Principal Place of Business:

711 N. RIVERSIDE DRIVE  
APT. 105  
POMPANO BEACH, FL 33062 US

## New Principal Place of Business:

## Current Mailing Address:

711 N. RIVERSIDE DRIVE  
APT. 103  
POMPANO BEACH, FL 33062 US

## New Mailing Address:

FEI Number: 59-1209385

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WORDELL, LYNDEN E  
711 N RIVERSIDE DR  
APT 203  
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: PD ( ) Delete  
Name: GROVER, BOB  
Address: 711 N RIVERSIDE DR #105  
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete  
Name: CALLAHAN, JAMES  
Address: 711 N RIVERSIDE DR #304  
City-St-Zip: POMPANO BEACH, FL

Title: VD ( ) Delete  
Name: CULLIGAN, JOE  
Address: 711 N RIVERSIDE DR #401  
City-St-Zip: POMPANO BEACH, FL 33062

Title: SD ( ) Delete  
Name: LA PARL, JACKIE  
Address: 711 N RIVERSIDE DR #302  
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete  
Name: DEL VECCHIO, NICK  
Address: 711 N RIVERSIDE DR #101  
City-St-Zip: POMPANO BEACH, FL 33062

Title: TD ( ) Delete  
Name: WORDELL, LYNDEN E  
Address: 711 N RIVERSIDE DR #201  
City-St-Zip: POMPANO BEACH, FL 33062

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: MILLER, DOUGLAS  
Address: 711 N RIVERSIDE DR #203  
City-St-Zip: POMPANO BEACH, FL

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: LYNDEN E WORDELL

TD

01/19/2008

Electronic Signature of Signing Officer or Director

Date