

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714432

**Entity Name:** COASTAL VISTA ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 59-6218246

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title D  
Name MANCINI, STEPHANIE  
Address 725 N. RIVERSIDE DR., #202  
City-State-Zip: POMPANO BEACH FL 33062

Title PRESIDENT  
Name DUFRESNE, GARY  
Address 725 N RIVERSIDE DR #306  
City-State-Zip: POMPANO BEACH FL 33062

Title VP  
Name KEMPF, RENEE  
Address 2922 BLACK WALNUT LANE  
City-State-Zip: ST. CHARLES IL 60174

Title TREASURER  
Name SABOURIN, VIRGINIA  
Address 725 N RIVERSIDE DR., #105  
City-State-Zip: POMPANO BEACH FL 33062

Title SECRETARY  
Name DOYLE, ANDRE  
Address 725 N. RIVERSIDE DR. #201  
City-State-Zip: POMPANO BEACH FL 33062

*I hereby 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 all other like empowered.*

**SIGNATURE:** GARY DUFRESNE

**PRESIDENT**

**04/24/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date