

**2025 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            PRESIDENT  
Name            DUFRESNE, GARY  
Address        725 N RIVERSIDE DR #306  
City-State-Zip: POMPANO BEACH FL 33062

Title            SECRETARY  
Name            KRAMPAT, STACY  
Address        725 N. RIVERSIDE DR. #304  
City-State-Zip: POMPANO BEACH FL 33062

Title            VP  
Name            SACKS, SAUNDRA  
Address        725 N. RIVERSIDE DR. #106  
City-State-Zip: POMPANO BEACH FL 33062

Title            TREASURER  
Name            LUCULANO, TONY  
Address        725 N. RIVERSIDE DR. #204  
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**

**04/11/2025**

Electronic Signature of Signing Officer/Director Detail

Date