## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 714432** 

Entity Name: COASTAL VISTA ASSOCIATION, INC.

FILED
Apr 17, 2018
Secretary of State
CC7035668812

## **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 TREASURER Title PRESIDENT

Name PARADISO, TONY Name DUFRESNE, GARY

Address 725 N RIVERSIDE DR., #202 Address 725 N RIVERSIDE DR #306

City-State-Zip: POMPANO BEACH FL 33062 City-State-Zip: POMPANO BEACH FL 33062

Title SECRETARY Title VP

Name KRAMPAT, STACY Name SACKS, SAUNDRA

Address 725 N. RIVERSIDE DR. #304 Address 725 N. RIVERSIDE DR. #106
City-State-Zip: POMPANO BEACH FL 33062 City-State-Zip: POMPANO BEACH FL 33062

Title DIRECTOR

Name GIANNOLULIS, LUCY

Address 725 N. RIVERSIDE DR. #103 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 PRE

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/17/2018

Date