

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 21 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726200 (9)

1. Corporation Name

COSTA DEL REY ASSOCIATION, INC.

Principal Place of Business

**2175 S OCEAN BLVD.
DELRAY BEACH FL 33483**

Mailing Address

**2175 S OCEAN BLVD.
DELRAY BEACH FL 33483**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1973

3a. Date of Last Report

04/06/1994

4. FEI Number

59-1546789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

**KURZ, ROBERT
2175 S OCEAN BLVD.
APT. 108
DELRAY BEACH FL 33483**

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 607.0502 and 607.1508, 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 607.0505, 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

D-

NAME

SMITH, JOHN

STREET ADDRESS

**2175 S OCEAN BLVD
DELRAY BEACH, FL 0**

CITY - ST - ZIP

TITLE

STD

NAME

BAY, RICHARD

STREET ADDRESS

**2175 S OCEAN BLVD
DELRAY BEACH, FL 0**

CITY - ST - ZIP

TITLE

PD

NAME

KURZ, ROBERT

STREET ADDRESS

**2175 S. OCEAN BLVD.
DELRAY BEACH FL**

CITY - ST - ZIP

TITLE

D

NAME

ERKERT, JACK

STREET ADDRESS

**2175 S OCEAN BLVD.
DELRAY BEACH FL**

CITY - ST - ZIP

TITLE

D

NAME

REY, JIM

STREET ADDRESS

**2175 S OCEAN BLVD.
DELRAY BCH FL**

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D/SIT

1.2 NAME

CLEMENTE, TOM

1.3 STREET ADDRESS

**2175 S. OCEAN BLVD.
DELRAY BEACH, FL.**

1.4 CITY - ST - ZIP

2.1 TITLE

D

2.2 NAME

WATKINSON, AL

2.3 STREET ADDRESS

**2175 S. OCEAN BLVD.
DELRAY BEACH, FL.**

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

JIM REY, Director

4/6/95

407-347-1494

Date

Daytime Phone #