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**Mar 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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

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**

3. Date Incorporated or Qualified: **04/23/1973**
4. FEI Number: **59-1546789**
Applied For: Not Applicable:

2. Principal Place of Business: **21**
2a. Mailing Address: **28**
Suite, Apt. #, etc.: **COSTA DEL REY**
City & State: **27** **2200 N. Federal Hwy. #212**
City & State: **28** **BOCA RATON, FL.**
Zip: **24** **33481** Country: **25** **U.S.A.**

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
KURTZ, ROBERT
2175 S OCEAN BLVD.
APT. 100
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent
81 Name: **LENNIE PIASURE**
82 Street Address (P.O. Box Number is Not Acceptable): **2200 N. Federal Hwy**
83 Suite: **Suite 212**
84 City: **BOCA RATON** FL 85 Zip Code: **33481**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3/19/98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLEMENTE, TOM	
STREET ADDRESS	2175 S OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 0	
TITLE	STB	<input type="checkbox"/> DELETE
NAME	BAY, RICHARD	
STREET ADDRESS	2175 S OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 0	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	KUTZ, JUNE	
STREET ADDRESS	2175 S OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SNYDER, BARBAR	
STREET ADDRESS	4500 WOODFIELD BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	REY, JIM	
STREET ADDRESS	2175 S OCEAN BLVD.	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DEMARCO, DON	
1.3 STREET ADDRESS	2175 S. OCEAN BLVD.	
1.4 CITY-ST-ZIP	DELRAY Beach, FL. 33483	
2.1 TITLE	DIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Elizabeth Ferguson	
3.3 STREET ADDRESS	2175 S. OCEAN BLVD.	
3.4 CITY-ST-ZIP	DELRAY Beach, FL. 33483	
4.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Chris Day	
4.3 STREET ADDRESS	2175 S. OCEAN BLVD.	
4.4 CITY-ST-ZIP	DELRAY Beach, FL 33483	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bea Klein	
5.3 STREET ADDRESS	2175 S. OCEAN BLVD.	
5.4 CITY-ST-ZIP	DELRAY Beach, FL. 33483	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* DATE: **3/19/98**

CR2E037 (10/97)