

FILE NOW: FILING FEE IS \$61.25

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Apr 16, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726200

1. Corporation Name
COSTA DEL REY ASSOCIATION, INC.

Principal Place of Business 2175 S OCEAN BLVD. DELRAY BEACH FL 33483	Mailing Address COSTA DEL REY 2200 N FEDERAL HWY #212 BOCA RATON FL 33431 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/23/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number. - 59-1546789
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PLAZURE, LENNIE 2200 N FEDERAL HWY STE 212 BOCA RATON FL 33431				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMARCO, DON	1.2 NAME	GALLET, LEE
STREET ADDRESS	2175 S OCEAN BLVD	1.3 STREET ADDRESS	2175 S OCEAN BLVD.
CITY-ST-ZIP	DELRAY BEACH, FL 0 33483	1.4 CITY-ST-ZIP	DeLray Beach, FL - 33483
TITLE	DT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAY, RICHARD	2.2 NAME	HERMANN, WILLIAM
STREET ADDRESS	2175 S OCEAN BLVD	2.3 STREET ADDRESS	2175 S OCEAN BLVD.
CITY-ST-ZIP	DELRAY BEACH, FL 0	2.4 CITY-ST-ZIP	DELRAY Beach, FL. 33483
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, ELIZABETH	3.2 NAME	
STREET ADDRESS	2175 S OCEAN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, CHRIS	4.2 NAME	
STREET ADDRESS	2175 S OCEAN BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33483	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEIN, BEA	5.2 NAME	Schler, Jere
STREET ADDRESS	2175 S OCEAN BLVD	5.3 STREET ADDRESS	2175 S OCEAN BLVD.
CITY-ST-ZIP	DELRAY BCH FL 33483	5.4 CITY-ST-ZIP	DeLray Beach, FL. 33483
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED 3-29-99 561-274-9630
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)