2092 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 28, 2002 8:00 am **DOCUMENT # 726200 Secretary of State** 1. Entity Name 03-28-2002 90175 044 ****61.25 COSTA DEL REY ASSOCIATION, INC. Principal Place of Business Mailing Address \$5.5 OCEAN DRIVE 98 SE 6 AVENUE MERRY BEACH FL 33483 SUITE 2 DELRAY BEACH FL 33483 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1546789 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) *DOUGHE, JOSEPH M .98 SE 6 AVENUE SUITE 2 City Zip Code DELRAY BEACH FL 33483 8. 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 DSEPH M. DAGHER SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Change TITI F Delete TITLE LEE, G NAME NAME STREET ADDRESS STREET ADDRESS 2175 S OCEAN BLVD CITY-ST-ZIP CITY-ST-ZIP **DELRAY BCH FL 33483** Delete TITLE TITLE ☐ Addition NAME HERMANN, WILLIAM NAME STREET ADDRESS STREET ADDRESS 2175 S OCEAN BLVD CITY ST-ZIP CITY ST-7IP DELRAY BCH FL 33483 Delete TITLE TITLE FERGUSON, ELIZABETH NAME NAME STREET ADDRESS STREET ADDRESS 2175 S OCEAN BLVD CITY-ST-7IP CITY-ST-ZIP **DELRAY BEACH FL 33483** DST ☐ Addition TITLE ☐ Delete TITLE Change DAY, CHRIS NAME NAME STREET ADDRESS STREET ADDRESS 2175 S OCEAN BLVD CITY-ST-ZIP CITY-ST-ZIP DELRAY BCH FL 33483 Delete TITLE TITLE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an addi

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE:

SECHLER, JERE

2175 S OCEAN BLVD

DELRAY BCH FL 33483

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Delete

561-2653277

☐ Change

☐ Addition