2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Mar 31, 2004 8:00 am **DOCUMENT # 726200 Secretary of State** 1. Entity Name 03-31-2004 90048 004 ****61.25 COSTA DEL REY ASSOCIATION, INC. Mailing Address Principal Place of Business 2175 S OCEAN DRIVE 98 SE 6 AVENUE **DELRAY BEACH FL 33483** SUITE 2 DELRAY BEACH FL 33483 3. Mailing Address 2. Principal Place of Business 2175-Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) 5TH AVE 904 SE 5TH AUE 904 Applied For City & State 4. FEI Number City & State BEACH 59-1546789 DELRAY DELRAY Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired 33483 53483 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Na DAGHER- UOSEPH DOUGHE, JOSEPH M Street Address (P.O. Box Number is Not Acceptable) 98 SE 6 AVENUE SUITE 2 5TH AVE SE 904 DELRAY BEACH FL 33483 DELRAY BEA CH 3483 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change TITLE '__'Addition Delete TITLE MCCORMICK, ED NAME NAME HABIBI FRED 2175 S. OCEAN 105 S. OCEAN BUND STREET ADDRESS STREET ADDRESS 2175 DELRAY BCH FL 33483 CITY-ST-ZIP 33483 CITY-ST-ZIP BEACH, FL ☐ Change Addition TITLE Delete Delete TITLE ROWLAND, JAY NAME NAME 730 EAST AVE STREET ADDRESS STREET ADDRESS LOCKPORT NY 14094 CITY - ST - 7IP CITY-ST-ZIP ☐ Delete VPD TITLE Change Addition TITLE COHEN, STUART NAME NAME 18782 GREENSIDE DRIVE STREET ADDRESS STREET ADDRESS DALLAS TX 75252 CITY-ST-ZIP CITY-ST-ZIP PD ☐ Delete TITLE Change ■ Addition TITLE SECHLER, JERE NAME NAME 5881 PEACHTREE RD 1908 STREET ADDRESS STREET ADDRESS ATLANTA GA 30305 CITY-ST-7IP CITY-ST-ZIP STD ☐ Delete TITLE Change ☐ Addition TITLE GLICKFELD, MYRON DR NAME NAME 5305 QUAIL RUN STREET ADDRESS STREET ADDRESS FORT WORTH TX 76107 C/TY-ST-7/P CITY-SY-ZIP ☐ Change **Addition** TITLE Delete TITLE NAME MICHAEL NAME HENDRIX STREET ADORESS STREET ADDRESS 2175 CITY-ST-ZIP CITY-ST-ZIP 33483 DELRAY BEACU 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 trystee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

3-27-2004

FILED