

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90047 015 \*\*\*\*61.25

**DOCUMENT # 726200**

1. Entity Name  
**COSTA DEL REY ASSOCIATION, INC.**



Principal Place of Business  
**904 SE 5TH AVE.  
 DELRAY BEACH, FL 33483**

Mailing Address  
**C/O MJ. GALLUP  
 235 NE 6TH AVENUE, SUITE D  
 DELRAY BEACH, FL 33483 US**

40120000



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
**817 GEORGE BUSH**  
 Suite, Apt. #, etc. **Bldg**

06142007 Chg-NP CR2E037 (12/06)

City & State  
**DELRAY BEACH, FL**

City & State  
**DELRAY BEACH, FL**

Zip  
**33483**

Country  
**P. BEACH**

4. FEI Number  
**59-1546789**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**DAGHER, JOSEPH M  
 904 SE 5TH AVE.  
 DELRAY BEACH, FL 33483**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I 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)

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>HERRMANN, GAIL</b>	
STREET ADDRESS <b>2175 S. OCEAN BLVD. #303</b>	
CITY-ST-ZIP <b>DELRAY BCH, FL 33483</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>ACKERMAN, HOWARD</b>	
STREET ADDRESS <b>2175 S OCEAN BLVD. #204</b>	
CITY-ST-ZIP <b>DELRAY BEACH, FL 33483</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>KEANE, PAULA</b>	
STREET ADDRESS <b>2175 S OCEAN BLVD. #104</b>	
CITY-ST-ZIP <b>DELRAY BEACH, FL 33483</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>GOLD, MARK</b>	
STREET ADDRESS <b>2175 S OCEAN BLVD. #304</b>	
CITY-ST-ZIP <b>DELRAY BEACH, FL 33483</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>DAY, CHRIS</b>	
STREET ADDRESS <b>2175 S OCEAN BLVD. #505</b>	
CITY-ST-ZIP <b>DELRAY BEACH, FL 33483</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WARDEN, SUE</b>	
STREET ADDRESS <b>2175 S. OCEAN BLVD # 203</b>	
CITY-ST-ZIP <b>DELRAY BEACH, FL 33483</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DECAPIA, NICHOLAS</b>	
STREET ADDRESS <b>2175 S. OCEAN BLVD # 301</b>	
CITY-ST-ZIP <b>DELRAY BEACH, FL 33483</b>	
TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ROWLAND, JAY</b>	
STREET ADDRESS <b>2175 S. OCEAN BLVD # 503</b>	
CITY-ST-ZIP <b>DELRAY BEACH, FL 33483</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 address, with all other like empowered.

**SIGNATURE:** *X Susan D. Warden* **Date:** *6/30/07* **Daytime Phone #:** *561 901-3667*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR