


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90266 002 \*\*\*\*61.25

<b>DOCUMENT # 726200</b>			
1. Entity Name <b>COSTA DEL REY ASSOCIATION, INC.</b>			
Principal Place of Business <b>2175 S OCEAN DRIVE DELRAY BEACH FL 33483</b>		Mailing Address <b>98 SE 6 AVENUE SUITE 2 DELRAY BEACH FL 33483 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-1546789</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>DACHER DOUGHE, JOSEPH M 98 SE 6 AVENUE SUITE 2 DELRAY BEACH FL 33483</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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)	



CHECK HERE IF MAKING CHANGES

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GOLD, MARK 2175 S OCEAN BLVD # 304 DELRAY BCH FL 33483</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VD MCCORMICK, ED 2175 S OCEAN BLVD # 105 DELRAY BCH FL 33483</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT MC CORMICK, ED 2175 S. OCEAN # 105 DELRAY BEACH, FLORIDA 33483</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VD DAY, JAUVES 2175 S OCEAN BLVD # 505 DELRAY BEACH FL 33483</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT ROWLAND, DR. JAY 730 EAST AVENUE LOCKPORT, NY 14094</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST DAY, CHRIS 2175 S OCEAN BLVD DELRAY BCH FL 33483</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR COHEN, STUART 18782 GREENSIDE DRIVE DALLAS, TEXAS 75252</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ALLEN, BOB 2175 S OCEAN BLVD # 206 DELRAY BCH FL 33483</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY/TREASURER SECHLER, JERE 5831 PEACHTREE RD. #1903 ATLANTA, GA 30305</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SMITH, JOAN 2175 S OCEAN BLVD # 5 DELRAY BEACH FL 33483</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR GLICKFELD, DR. MYRON 5805 QUAIL RUN FT. WORTH, TX 76107</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 address, with all other like empowered.

**SIGNATURE:**  **SIGNATURE REQUIRED** 19th 09 305-858-8600

CR2E037 (10/02)