

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729233 (7)

1. Corporation Name

COSTA DEL SOL ASSOCIATION, INC.

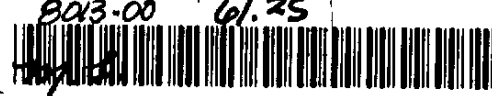
Principal Place of Business

**1 COSTA DEL SOL BLVD
MIAMI FL 33178**

Mailing Address

**1 COSTA DEL SOL BLVD
MIAMI FL 33178**

RECEIVED
Jan 29, 1996
8013-00 61.25
CLV



3. Date Incorporated or Qualified
04/03/1974

3a. Date of Last Report
03/02/1995

4. FEI Number
59-1804186

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KALICHE, TONY
BECKER POLIAKOFF & STREITFELD, PA
6161 BLUE LAGOON DR. STE. 250
MIAMI FL 33126**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SADLER, DONALD	
STREET ADDRESS	ONE COSTA DEL SOL BLVD.	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BECHAMPS, EUGENE	
STREET ADDRESS	ONE COSTA DEL SOL BLVD.,	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	CARPINTERO, GONZALO	
STREET ADDRESS	ONE COSTA DEL SOL BLVD.,	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BOYLE, JOSEPH	
STREET ADDRESS	ONE COSTA DEL SOL BLVD.,	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	CHAPMAN, JOHN	
STREET ADDRESS	ONE COSTA DEL SOL BLVD.,	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DROTMAN, CAROLYN	
STREET ADDRESS	ONE COSTA DEL SOL BLVD.,	
CITY-ST-ZIP	MIAMI, FL 33178	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EUGENE BECHAMPS	
1.3 STREET ADDRESS	ONE COSTA DEL SOL BLVD.	
1.4 CITY-ST-ZIP	MIAMI, FL 33178	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CAROLYN DROTMAN	
2.3 STREET ADDRESS	ONE COSTA DEL SOL BLVD.	
2.4 CITY-ST-ZIP	MIAMI, FL 33178	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOHN CHAPMAN	
4.3 STREET ADDRESS	ONE COSTA DEL SOL BLVD.	
4.4 CITY-ST-ZIP	MIAMI, FL 33178	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SUSAN GLASS	
6.3 STREET ADDRESS	ONE COSTA DEL SOL BLVD.	
6.4 CITY-ST-ZIP	MIAMI FL 33178	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Eugene Bechamps
Eugene Bechamps, PRESIDENT

CR2E037 (12/95)