


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729233 (7)
 1. Corporation Name
COSTA DEL SOL ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
1 COSTA DEL SOL BLVD MIAMI FL 33178		1 COSTA DEL SOL BLVD MIAMI FL 33178	
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

3. Date Incorporated or Qualified	04/03/1974	
4. FEI Number	59-1804186	Applied For / Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HYMAN, MICHAEL L ESQ.
44 WEST FLAGLER STREET
14TH FLOOR
MIAMI FL 33130**

10. Name and Address of New Registered Agent

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]* DATE: 1/5/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BECHAMPS, EUGENE	1.2 NAME	John Chapman
STREET ADDRESS	ONE COSTA DEL SOL BLVD.	1.3 STREET ADDRESS	One Costa del Sol Blvd.
CITY-ST-ZIP	MIAMI FL 33178	1.4 CITY-ST-ZIP	Miami, FL 33178
TITLE	VPD	2.1 TITLE	VPD
NAME	DROTMAN, CAROLYN	2.2 NAME	Susan Glass
STREET ADDRESS	ONE COSTA DEL SOL BLVD.	2.3 STREET ADDRESS	One Costa del Sol Blvd.
CITY-ST-ZIP	MIAMI FL 33178	2.4 CITY-ST-ZIP	Miami, FL 33178
TITLE	TD	3.1 TITLE	TD
NAME	CHAPMAN, JOHN	3.2 NAME	Gayle Hargrove
STREET ADDRESS	ONE COSTA DEL SOL BLVD.	3.3 STREET ADDRESS	One Costa del Sol Blvd.
CITY-ST-ZIP	MIAMI FL 33178	3.4 CITY-ST-ZIP	Miami, FL 33178
TITLE	SD	4.1 TITLE	SD
NAME	GLASS, SUSAN	4.2 NAME	Andre Abbate
STREET ADDRESS	ONE COSTA DEL SOL BLVD.	4.3 STREET ADDRESS	One Costa del Sol Blvd.
CITY-ST-ZIP	MIAMI FL 33178	4.4 CITY-ST-ZIP	Miami, FL 33178
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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]* DATE: 1/5/98 305-592-2292

CR2E037 (10/97)