

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State
 02-24-2000 90001 036 ****61.25

DOCUMENT # 729233
 Entity Name
COSTA DEL SOL ASSOCIATION, INC.

Principal Place of Business
COSTA DEL SOL BLVD
FL 33178

Mailing Address
1 COSTA DEL SOL BLVD
MIAMI FL 33178-2309

00016015



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1804186**
 Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
HYMAN, MICHAEL L ESQ.
44 WEST FLAGLER STREET
14TH FLOOR
MIAMI FL 33130

7. Name and Address of New Registered Agent
 Name **SKRLD, INC.**
 Street Address (P.O. Box Number is Not Acceptable)
201 ALHAMBRA CIRCLE, SUITE 1102
 City **CORAL Gables** FL Zip Code **33134**

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.

SKRLD, INC. BY LISA LERNER *Lerner*, SECRETARY 1-31-00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TD GAYLE HARGROVE ONE COSTA DEL SOL BLVD. MIAMI FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD ANDRE ABBATE ONE COSTA DEL SOL BLVD. MIAMI FL 33178	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUSAN NARDONE 3962 ESTEPONA AVE MIAMI FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD CHAPMAN, JOHN ONE COSTA DEL SOL BLVD. MIAMI FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPD GLASS, SUSAN ONE COSTA DEL SOL BLVD. MIAMI FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John C. Chapman* **SIGNATURE REQUIRED** **John C. Chapman** 305-592-2292 1-24-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)