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Feb 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 738886 (1)

1. Corporation Name  
COSTA DEL REY, NORTH CONDOMINIUM ASSOCIATION, IN C.



Principal Place of Business Mailing Address  
2155 S. OCEAN BLVD. DELRAY BEACH FL 33483  
2155 S. OCEAN BLVD. DELRAY BEACH FL 33483-6452

3. Date Incorporated or Qualified 05/02/1977  
3a. Date of Last Report 01/26/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number 59-2130596 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

9. Name and Address of Current Registered Agent  
MORCROFT, C. RANDAL  
2155 S. OCEAN BLVD #10  
DELRAY BEACH FL 33483

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 *Randal Morcroft* Randal Morcroft 2-5-97  
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ECKERT, CHARLES S	
STREET ADDRESS	2155 S. OCEAN BLVD., #17	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MERCURIE, JOHN	
STREET ADDRESS	2155 S. OCEAN BLVD, #15	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORCROFT, KAREN L.	
STREET ADDRESS	2155 S. OCEAN BLVD #10	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BLOOMSTON, MARSHALL	
STREET ADDRESS	2155 S. OCEAN BLVD., #21	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARPENTER, KENNETH	
STREET ADDRESS	2155 S OCEAN BLVD., PHD	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	THOMAS HINNERS	
1.3 STREET ADDRESS	2155 S. OCEAN BLVD #4	
1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CLAUDIA BLOOMSTON	
4.3 STREET ADDRESS	2155 South Ocean #21	
4.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ODD JORGENSEN	
5.3 STREET ADDRESS	2155 South Ocean Blvd	
5.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *KAREN MORCROFT* KAREN MORCROFT 2-5-97 (561) 965-4486  
Signature typed or printed name of signing officer or director Date Daytime Phone # 0044845

CR2E037 (9/96)