


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 04 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 738886 (1)**  
 1. Corporation Name  
**COSTA DEL REY, NORTH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 2155 S. OCEAN BLVD. DELRAY BEACH FL 33483	Mailing Address 2155 S. OCEAN BLVD. DELRAY BEACH FL 33483
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3. Date Incorporated or Qualified <b>05/02/1977</b>	
4. FEI Number <b>59-2130596</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country
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**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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	TD	<input type="checkbox"/> DELETE
NAME	THOMAS HINNERS	
STREET ADDRESS	2155 S OCEAN BLVD 4	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MERCURIE, JOHN	
STREET ADDRESS	2155 S. OCEAN BLVD, #15	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MORCROFT, KAREN L.	
STREET ADDRESS	2155 S. OCEAN BLVD #10	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CLAUDIA BLOOMSTON	
STREET ADDRESS	2155 S. OCEAN BLVD., #21	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ODD JORGENSEN	
STREET ADDRESS	2155 SOUTH OCEAN BLVD	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Jay Benter
1.3 STREET ADDRESS	2155 S. Ocean Blvd
1.4 CITY-ST-ZIP	Delray Beach, Fl 33483
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HINNERS, THOMAS
2.3 STREET ADDRESS	2155 S. OCEAN BLVD #4
2.4 CITY-ST-ZIP	DELRAY BEACH FL 33483
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MORCROFT, KAREN L
3.3 STREET ADDRESS	2155 S. OCEAN # 10
3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD Bloomston, Claudia
4.3 STREET ADDRESS	2155 S. OCEAN BLVD. # 21
4.4 CITY-ST-ZIP	Delray Beach, FL 33483
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VPD Jorgensen, Odd
5.3 STREET ADDRESS	2155 South Ocean Blvd.
5.4 CITY-ST-ZIP	Delray Beach, FL 33483
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Karen L. Morcroft, President 1-21-98 (954) 427-3123

CR2E037 (10/97)