

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 750325 (3)

1. Corporation Name
LA COSTA DEL MAR, INC.



Principal Place of Business: 6272 LA COSTA DR., #707 NO7 BOCA RATON FL 33433 US
Mailing Address: 6272 LA COSTA DR., #707 BOCA RATON FL 33433

3. Date Incorporated or Qualified: 12/20/1979
3a. Date of Last Report: 03/13/1995

21	2. Principal Place of Business	2a.	Mailing Address	4.	FEI Number	Applied For
		26	1215 E. Hillsboro Blvd		59-2168996	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input type="checkbox"/>	
23	City & State	28	DEERFIELD Bch, FL	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	
24	Zip	29	33441	30	COUNTRY	
					BROWARD	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOXER, TERRY 6417 LA COSTA DR #205 BOCA RATON FL 33433				81	Name		CAMPBELL PROP MGMT
				82	Street Address (P.O. Box Number is Not Acceptable)		1215 E. Hillsboro Blvd.
				83			
				84	City	DEERFIELD Bch	FL
					85	Zip Code	33441

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 of 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: *William B. Campbell, III* **William B. Campbell, III (MGR)** DATE: 2/13/96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DT	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOXER, TERRY			1.2 NAME	CASON, JEFF DT		
STREET ADDRESS	6417 LA COSTA DR #205			1.3 STREET ADDRESS	6499 LA COSTA DR. #102		
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-ST-ZIP	BOCA RATON, FL. 33496		
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE	DR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MONFIED, JAY			2.2 NAME	JACK MAN, WM. A.		
STREET ADDRESS	6463 LA COSTA DR #505			2.3 STREET ADDRESS	6463 LA COSTA DR #604		
CITY-ST-ZIP	BOCA RATON FL			2.4 CITY-ST-ZIP	BOCA RATON, FL. 33496		
TITLE	DV	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NULTY, JACK			3.2 NAME	Dwyer, JUDITH A.		
STREET ADDRESS	6463 LA COSTA DR #305			3.3 STREET ADDRESS	6463 LA COSTA DR. #301		
CITY-ST-ZIP	BOCA RATON FL			3.4 CITY-ST-ZIP	BOCA RATON, FL. 33496		
TITLE	DS	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FISHER, LYNDA			4.2 NAME	Schwartz, ARTHUR		
STREET ADDRESS	6417 LA COSTA DR #104			4.3 STREET ADDRESS	6372 LA COSTA DR #705		
CITY-ST-ZIP	BOCA RATON FL			4.4 CITY-ST-ZIP	BOCA RATON, FL 33496		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	DR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	SORCE, MARY ELLEN		
STREET ADDRESS				5.3 STREET ADDRESS	6372 LA COSTA DR #602		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	BOCA RATON, FL 33496		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	DR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	Schwartz, NATHAN		
STREET ADDRESS				6.3 STREET ADDRESS	6417 LA COSTA DR #803		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	BOCA RATON, FL. 33496		

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: *Jay A. Monfied* DATE: 2/02/96

CR2E037 (12/95)