

**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	26	1215 E. Hillsboro Blvd	4. FEI Number	59-2168996	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27		5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	City & State	28	DEERFIELD Bch, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	Country	29	33441	30	BROWARD	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

BOXER, TERRY  
6417 LA COSTA DR #205  
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

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

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* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/02/96 Date Daytime Phone #

CR2E037 (12/95)