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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 N07 BOCA RATON FL 33433 US

Mailing Address: 1215 EAST HILLSBORO BLVD DEERFIELD BEACH FL 33441-4203 US

3. Date Incorporated or Qualified: 12/20/1979
3a. Date of Last Report: 02/19/1996

2. Principal Place of Business: 21 6372 La Costa Dr. #602 Suite, Apt. #, etc. Boca Raton, FL 33433 City & State 23 Zip Country 25 U.S.

2a. Mailing Address: 26 3475 Hiatus Road Suite, Apt. #, etc. Sunrise, Fl. City & State 27 28 Zip Country 29 33351 30 U.S.

4. FEI Number: 59-2168996 Applied For: Not Applicable

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

6. Election Campaign Financing: \$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
CAMPBELL PROPERTY MANAGEMENT
1215 EAST HILLSBORO BLVD
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent
81 Name: A & M Property Management, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 3475 Hiatus Road
83
84 City: Sunrise, Fl FL 85 Zip Code: 33351

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: *[Signature]* DATE: 3/14/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DT	NAME: CASON, JEFF	1.1 TITLE: Pres.	1.2 NAME: Mary Ellen Sorce
STREET ADDRESS: B444 LA COSTA DRIVE, # 102	CITY-ST-ZIP: BOCA RATON FL 33496	1.3 STREET ADDRESS: 6372 La Costa Dr. #602	1.4 CITY-ST-ZIP: Boca Raton, FL 33433
TITLE: DP	NAME: MONFIED, JAY	2.1 TITLE: V. Pres	2.2 NAME: Judy Dwyer
STREET ADDRESS: 6463 LA COSTA DR #505	CITY-ST-ZIP: BOCA RATON FL 33496	2.3 STREET ADDRESS: 6463 La Costa Dr. #301	2.4 CITY-ST-ZIP: Boca Raton, FL 33433
TITLE: DV	NAME: DWYER, JUDITH A	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 6463 LA COSTA DRIVE, # 301	CITY-ST-ZIP: BOCA RATON FL 33496-B	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: DS	NAME: SCHWARTZ, ARTHUR	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 6372 LA COSTA DRIVE, # 705	CITY-ST-ZIP: BOCA RATON FL 33496	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: DD	NAME: SORCE, MARY ELLEN	5.1 TITLE: DIRECTOR	5.2 NAME: Mark Bernstein
STREET ADDRESS: 6372 LA COSTA DR #602	CITY-ST-ZIP: BOCA RATON FL 33496	5.3 STREET ADDRESS: 6372 La Costa Dr. #502	5.4 CITY-ST-ZIP: Boca Raton, FL 33433
TITLE: DD	NAME: SCHWARTZ, NATHAN	6.1 TITLE: TREASURER	6.2 NAME: Bill Jackman
STREET ADDRESS: 6417 LA COSTA DR #203	CITY-ST-ZIP: BOCA RATON FL 33496-60B	6.3 STREET ADDRESS: 6463 La Costa Dr. #604	6.4 CITY-ST-ZIP: Boca Raton, FL 33433

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: *[Signature]* PRES. MARY ELLEN SORCE 3-14-97 561-395-5245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone: 0042775

CR2E037 (9/96)