


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

**FILED**  
**Apr 14 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 # 750325 (3)**

1. Corporation Name  
**LA COSTA DEL MAR, INC.**



Principal Place of Business 6372 LA COSTA DR 602 BOCA RATON FL 33433 US	Mailing Address 3475 HIATUS RD SUNRISE FL 33351 US
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3. Date Incorporated or Qualified  
**12/20/1979**

4. FEI Number  
**59-2168996**

Applied For	Not Applicable
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2. Principal Place of Business 21 <b>A &amp; M PROPERTY MGT</b> Suite, Apt. #, etc.	2a. Mailing Address 26
22 <b>3475 Hiatus Road</b> City & State	27
23 <b>Sunrise FL</b> Zip Country	28 City & State
24 <b>33351 USA</b>	29 Zip Country
25	30

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**A & M PROPERTY MANAGEMENT INC**  
**3475 HIATUS RD**  
**SUNRISE FL 33351**

10. Name and Address of New Registered Agent

81 Name <b>MALCOLM H. WALDRON, III</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3475 Hiatus Road</b>
83
84 City <b>Sunrise c</b>
85 Zip Code <b>FL 33351</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 \_\_\_\_\_ DATE **4/9/98**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARY ELLEN SORCE</b>	1.2 NAME	
STREET ADDRESS	<b>6372 LA COSTA DR 602</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JUDY DWYER</b>	2.2 NAME	
STREET ADDRESS	<b>6483 LA COSTA DR 301</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DWYER, JUDITH A</b>	3.2 NAME	
STREET ADDRESS	<b>6483 LA COSTA DRIVE, # 301</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL ReBRc-B</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DS SCHWARTZ, ARTHUR</b>	4.2 NAME	
STREET ADDRESS	<b>6372 LA COSTA DRIVE, # 705</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MARK BERNSTEIN</b>	5.2 NAME	
STREET ADDRESS	<b>6372 LA COSTA DR 502</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T BILL JACKMAN</b>	6.2 NAME	
STREET ADDRESS	<b>6483 LA COSTA DR 604</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	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: \_\_\_\_\_ **REQUIRED**

**4/9/98 741-4666**

CR2E037 (10/97)