


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90067 031 ****61.25

DOCUMENT # 750325
 1. Entity Name
 LA COSTA DEL MAR, INC.



Principal Place of Business
 670 CASTLE MANAGEMENT INC
 PO BOX 189013
 PLANTATION, FL 33318 US

Mailing Address
 670 CASTLE MANAGEMENT INC
 PO BOX 189013
 PLANTATION, FL 33318 US

14002405



2. Principal Place of Business
 3300 University Dr
 Suite, Apt. #, etc.
 #405

3. Mailing Address
 3300 University Dr
 Suite, Apt. #, etc.
 #405

03262004 Chg-NP CR2E037 (10/03)

City & State
 Coral Springs, FL Coral Springs, FL

Zip Country
 33065 USA 33065 USA

4. FEI Number
 59-2168996


Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CASTLE MANAGEMENT INC
 4450 W SUNRISE BLVD
 STE C-100
 PLANTATION, FL 33318

7. Name and Address of New Registered Agent
 Name
 United Community Mgmt
 Street Address (P.O. Box Number is Not Acceptable)
 3300 University Dr. #405
 City
 Coral Springs FL Zip Code
 33065

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE UNITED COMMUNITY MGMT  DATE 4/12/04

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

Filing Fee is \$61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	MONTOYA, NICHOLAS	6463 LACOSTA DR #601	BOCA RATON, FL 33433	<input checked="" type="checkbox"/>
TD	CURAN, JEFF	6417 LA COSTA DR #103	BOCA RATON, FL 33496	<input checked="" type="checkbox"/>
D	ORCE, MARY ELLEN	6392 LA CONJA DR # 602	BOCA RATON, FL 33433	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Sorce, Mary Ellen	6372 La Costa Dr. #602	Boca Raton, FL 33433	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	Simches, Madeline	6463 La Costa Dr. #603	Boca Raton, FL 33433	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Papes, Kathleen	6372 La Costa Dr. #402	Boca Raton, FL 33433	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TB	Carr, Dawn	6371 La Costa Dr. #102	Boca Raton, FL 33433	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR