

FILE NOW: FILING FEE IS \$61.25

FILED  
Sep 16 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 # N18705**  
1. Corporation Name  
**CLUB LA COSTA HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business <b>275 FONTAINEBLEAU BLVD #200 MIAMI, FL. 33172</b>	Mailing Address <b>616 J &amp; M MANAGEMENT 275 FONTAINEBLEAU BLVD. SUITE 200 MIAMI, FL. 33172</b>
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3. Date Incorporated or Qualified <b>1/12/87, reinstated 4/8/92</b>	
4. FEI Number <b>65-0026516</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business <b>275 FONTAINEBLEAU BLVD.</b>	26. Mailing Address <b>275 FONTAINEBLEAU BLVD.</b>
22. Suite, Apt. #, etc. <b>200</b>	27. Suite, Apt. #, etc. <b>200</b>
23. City & State <b>MIAMI, FL 33172</b>	28. City & State <b>MIAMI, FL. 33172</b>
24. Zip <b>33172</b>	29. Zip <b>33172</b>
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**SIEGFRIED, RIVERA, LERNER  
201 ALHAMBRA CIRCLE SUITE 1102  
CORAL GABLES, FL. 33134**

10. Name and Address of New Registered Agent  
61. Name  
**SKRLD, Inc.**  
62. Street Address (P.O. Box Number is Not Acceptable)  
**201 Alhambra Circle, Suite 1102**  
63.   
64. City  
**Coral Gables** FL 65. Zip Code  
**33134**

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 **SKRLD, Inc. by Lisa A. Lerner** Secretary **9/8/98**  
Signature typed or printed here if not registered agent and if not applicable (NOTE: Registered Agent signature required when terminating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P/D</b>	<input type="checkbox"/> DELETE
NAME	<b>RICHARD MOORE</b>	
STREET ADDRESS	<b>8405 S.W. 209 STREET</b>	
CITY-ST-ZIP	<b>MIAMI, FL. 33189</b>	
TITLE	<b>7/D</b>	<input type="checkbox"/> DELETE
NAME	<b>PATRICIA B. MOORE</b>	
STREET ADDRESS	<b>8870 S.W. 186 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI, FL. 33189</b>	
TITLE	<b>VP/D</b>	<input type="checkbox"/> DELETE
NAME	<b>JORGE ARTICA</b>	
STREET ADDRESS	<b>8143 S.W. 208 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI, FL. 33189</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> DELETE
NAME	<b>CARLOS CARRONCO</b>	
STREET ADDRESS	<b>20750 S.W. 83 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI, FL. 33189</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
2.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2. NAME	
2.3. STREET ADDRESS	
2.4. CITY-ST-ZIP	
3.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2. NAME	
3.3. STREET ADDRESS	
3.4. CITY-ST-ZIP	
4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2. NAME	
4.3. STREET ADDRESS	
4.4. CITY-ST-ZIP	
5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2. NAME	
5.3. STREET ADDRESS	
5.4. CITY-ST-ZIP	
6.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2. NAME	
6.3. STREET ADDRESS	
6.4. CITY-ST-ZIP	

**800002642548**  
**09/17/98-01080-021**  
**\*\*\*70.00**

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: **Lisa A. Lerner** 8/9/98 (305) 252-2364  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (10/97)