

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

**FILED**  
**Apr 14 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N34329 (5)**  
 1. Corporation Name  
**VILLA COSTA CONDOMINIUM ASSOCIATION, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>3210 S OCEAN BLVD<br/>         3210 S. OCEAN BLVD.<br/>         HIGHLAND BEACH FL 33487<br/>         US</b> | Mailing Address<br><b>3210 S. OCEAN BLVD.<br/>         HIGHLAND BEACH FL 33487</b><br><i>% Phil PHELPS</i> |
|---|--|

|  |   |
|--|---|
| 3. Date Incorporated or Qualified<br><b>09/21/1989</b>   |   |
| 4. FEI Number<br><b>NOT APPLICABLE</b>   | Applied For<br><input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required  |   |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/> \$5.00 May Be Added to Fees   |   |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc. | 2a. Mailing Address<br><b>26</b> <i>% Phil Phelps</i> |
| 22 City & State   | 27 <i>3210 S. OCEAN BLVD</i>                          |
| 23 Zip  | 28 <i>HIGHLAND BEACH FL</i>                           |
| 24 Country  | 29 <i>33487</i>                                       |
| 30 Country  |   |

9. Name and Address of Current Registered Agent  
**PHELPS, PHILIP  
 3210 S. OCEAN BLVD.  
 HIGHLAND BEACH FL 33487**

|   |       |          |
|---|-------|----------|
| 10. Name and Address of New Registered Agent          |       |          |
| 81 Name   |       |          |
| 82 Street Address (P.O. Box Number is Not Acceptable) |       |          |
| 83  |       |          |
| 84 City   | 85 FL | Zip Code |

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 \_\_\_\_\_  
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                      | PD<br>PHELPS, PHILIP<br>3210 S OCEAN BLVD<br>HIGHLAND BEACH FL    | <input type="checkbox"/> DELETE                       | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | D<br>COONS, RICHARD<br>3210 S OCEAN BLVD<br>HIGHLAND BEACH FL     | <input checked="" type="checkbox"/> DELETE            | 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | VD<br>GIAIMO, ROBERT<br>3210 S OCEAN BLVD<br>HIGHLAND BEACH FL    | <input type="checkbox"/> DELETE                       | 2.2 NAME   |
| CITY-ST-ZIP                | T<br>GREENBLATT, MILTON<br>3210 S OCEAN BLVD<br>HIGHLAND BEACH FL | <input type="checkbox"/> DELETE                       | 2.3 STREET ADDRESS   |
|                            | S<br>KRIEGER, MURIEL<br>3210 S. OCEAN BLVD<br>HIGHLAND BEACH FL   | <input checked="" type="checkbox"/> DELETE            | 2.4 CITY-ST-ZIP  |
|                            |   | <input type="checkbox"/> DELETE                       | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                            |   | <input type="checkbox"/> DELETE                       | 3.2 NAME   |
|                            |   | <input type="checkbox"/> DELETE                       | 3.3 STREET ADDRESS   |
|                            |   | <input type="checkbox"/> DELETE                       | 3.4 CITY-ST-ZIP  |
|                            |   | <input type="checkbox"/> DELETE                       | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                            |   | <input type="checkbox"/> DELETE                       | 4.2 NAME   |
|                            |   | <input type="checkbox"/> DELETE                       | 4.3 STREET ADDRESS   |
|                            |   | <input type="checkbox"/> DELETE                       | 4.4 CITY-ST-ZIP  |
|                            |   | <input type="checkbox"/> DELETE                       | 5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |   | <input type="checkbox"/> DELETE                       | 5.2 NAME   |
|                            |   | <input type="checkbox"/> DELETE                       | 5.3 STREET ADDRESS   |
|                            |   | <input type="checkbox"/> DELETE                       | 5.4 CITY-ST-ZIP  |
|                            |   | <input type="checkbox"/> DELETE                       | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                            |   | <input type="checkbox"/> DELETE                       | 6.2 NAME   |
|                            |   | <input type="checkbox"/> DELETE                       | 6.3 STREET ADDRESS   |
|                            |   | <input type="checkbox"/> DELETE                       | 6.4 CITY-ST-ZIP  |

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|--|
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME   |
| 1.3 STREET ADDRESS   |
| 1.4 CITY-ST-ZIP  |
| 2.1 TITLE <input checked="" 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  |
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| 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  |

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: *MILTON GREENBLATT* *Milton Greenblatt* *4/9/98* *561-272-3126*

CR2E037 (10/97)