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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N34329

1. Corporation Name
VILLA COSTA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 3210 S OCEAN BLVD
 3210 S. OCEAN BLVD.
 HIGHLAND BEACH FL 33487
 US

Mailing Address
~~PHIL PHELPS~~ *Villa Costa Condo Assn*
 3210 S OCEAN BLVD
 HIGHLAND BEACH FL 33487
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/21/1989
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	NOT APPLICABLE
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PHELPS, PHILIP 3210 S. OCEAN BLVD. HIGHLAND BEACH FL 33487	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	Morton Simons 3210 S. Ocean Blvd, #PH-5 Highland Beach, FL 33487

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 *Morton C. Simons* DATE **3/16/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	PHELPS, PHILIP	1.2 NAME	Simons, Morton
STREET ADDRESS	3210 S OCEAN BLVD	1.3 STREET ADDRESS	3210 S. Ocean Blvd.
CITY-ST-ZIP	HIGHLAND BEACH FL	1.4 CITY-ST-ZIP	Highland Beach, FL 33487
TITLE	D	2.1 TITLE	D
NAME	EBERT, DANIEL	2.2 NAME	Drout, Daniel
STREET ADDRESS	3210 S OCEAN BLVD	2.3 STREET ADDRESS	3210 S. Ocean Blvd..
CITY-ST-ZIP	HIGHLAND BCH FL	2.4 CITY-ST-ZIP	Highland Beach, FL 33487
TITLE	VD	3.1 TITLE	VD
NAME	GIAMO, ROBERT	3.2 NAME	Morando, Donald
STREET ADDRESS	3210 S OCEAN BLVD	3.3 STREET ADDRESS	3210 S. Ocean Blvd.
CITY-ST-ZIP	HIGHLAND BEACH FL	3.4 CITY-ST-ZIP	Highland Beach, FL 33487
TITLE	T	4.1 TITLE	T
NAME	GREENBLATT, MILTON	4.2 NAME	Tunis, Leonard
STREET ADDRESS	3210 S OCEAN BLVD	4.3 STREET ADDRESS	3210 S. Ocean Blvd.
CITY-ST-ZIP	HIGHLAND BEACH FL	4.4 CITY-ST-ZIP	Highland Beach, FL 33487
TITLE	S	5.1 TITLE	S
NAME	BERMAN, BERNARD	5.2 NAME	Bennett, Hilda
STREET ADDRESS	3210 S. OCEAN BLVD	5.3 STREET ADDRESS	3210 S. Ocean Blvd.
CITY-ST-ZIP	HIGHLAND BEACH FL	5.4 CITY-ST-ZIP	Highland Beach, FL 33487
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Morton C. Simons* DATE **3/16/99** DAYTIME PHONE # **561-272-2676**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F037-11/99R