FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 21 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726200 (9)

1. Corporation Name
COSTA DEL REY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2175 S OCEAN BLVD. DELRAY BEACH FL 33483	2175 S OCEAN BLVD. DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1973
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-1546789 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business 21: Suite, Apt. #, etc. 22: City & State 23: Zip 24: Country 25
2a. Mailing Address 26: Suite, Apt. #, etc. 27: City & State 28: Zip 29: Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KURZ, ROBERT 2175 S OCEAN BLVD. APT. 106 DELRAY BEACH FL 33483	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	~~D~~	1.1 TITLE	D/S/T	☐ Change ☐ Addition
NAME	~~SMITH, JOHN~~	1.2 NAME	CLEMENTE, TOM	
STREET ADDRESS	~~2175 S OCEAN BLVD~~	1.3 STREET ADDRESS	2175 S. OCEAN BLVD.	
CITY-ST-ZIP	~~DELRAY BEACH, FL 0~~	1.4 CITY-ST-ZIP	DELRAY Beach, FL.	
TITLE	~~STD~~	2.1 TITLE	D	☐ Change ☐ Addition
NAME	~~BAY, RICHARD~~	2.2 NAME	NATHANSON, AL	
STREET ADDRESS	~~2175 S. OCEAN BLVD.~~	2.3 STREET ADDRESS	2175 S. OCEAN BLVD.	
CITY-ST-ZIP	~~DELRAY BEACH, FL 0~~	2.4 CITY-ST-ZIP	DELRAY Beach. FL.	
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	KURZ, ROBERT	3.2 NAME		
STREET ADDRESS	2175 S. OCEAN BLVD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☑ Change ☐ Addition
NAME	~~BINKERT, JACK~~	4.2 NAME	EBKERT, JACK	
STREET ADDRESS	2175 S OCEAN BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	REY, JIM	5.2 NAME		
STREET ADDRESS	2175 S OCEAN BLVD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jim Rea Jim Rey, Director 4/6/95 407-347-1494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0015849