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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified	04/23/1973
4. FEI Number	59-1546789
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 COSTA DEL REY
22 City & State	27 2200 N. Federal Hwy. #212
23 Zip	28 BOCA RATON, FL.
24 Country	29 33483
25 Country	30 U.S.A.

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input 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	

9. Name and Address of Current Registered Agent	
KURTZ, ROBERT 2175 S OCEAN BLVD. APT. 100 DELRAY BEACH FL 33483	

10. Name and Address of New Registered Agent	
81 Name	LENNIE PIASURE
82 Street Address (P.O. Box Number is Not Acceptable)	2200 N. Federal Hwy
83 Suite	Suite 212
84 City	BOCA RATON
85 Zip Code	FL 33483

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 *[Signature]* DATE **3/19/98**

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CLEMENTE, TOM
STREET ADDRESS	2175 S OCEAN BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 0
TITLE	STB <input type="checkbox"/> DELETE
NAME	BAY, RICHARD
STREET ADDRESS	2175 S OCEAN BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 0
TITLE	DVP <input checked="" type="checkbox"/> DELETE
NAME	KUTZ, JUNE
STREET ADDRESS	2175 S OCEAN BLVD
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SNYDER, BARBAR
STREET ADDRESS	4500 WOODFIELD BLVD
CITY-ST-ZIP	BOCA RATON FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	REY, JIM
STREET ADDRESS	2175 S OCEAN BLVD.
CITY-ST-ZIP	DELRAY BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DEMARCO, DON
1.3 STREET ADDRESS	2175 S. OCEAN BLVD.
1.4 CITY-ST-ZIP	DELRAY Beach, FL. 33483
2.1 TITLE	DIT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Elizabeth Ferguson
3.3 STREET ADDRESS	2175 S. OCEAN BLVD.
3.4 CITY-ST-ZIP	DELRAY Beach, FL. 33483
4.1 TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Chris Day
4.3 STREET ADDRESS	2175 S. OCEAN BLVD.
4.4 CITY-ST-ZIP	DELRAY Beach, FL. 33483
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bea Klein
5.3 STREET ADDRESS	2175 S. OCEAN BLVD.
5.4 CITY-ST-ZIP	DELRAY Beach, FL. 33483
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: *[Signature]* DATE: **3/19/98** FILED: **501-207-11011**

CP2E037 (10/97)