## .2001 UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # 726200 1. Entity Name COSTA DEL REY ASSOCIATION, INC. 05-10-2001 90113 016 \*\*\*\*61.25 Principal Place of Business Mailing Address 98 SE 6 AVENUE 98 SE 6 AVENUE UUU48234 SUITE 2 SUITE 2 DELRAY BEACH FL 33483 **DELRAY BEACH FL 33483** 2. Principal Place of Business 3. Mailing Address アバンシ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1546789 elvo Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Dagher Street Address (P.O. Box Number is Not Acceptable) -DOUGHE, JOSEPH M 98 SE 6 AVENUE SUITE 2 Zip Code . **DELRAY BEACH FL 33483** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. **SIGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Delete TITLE ☐ Change TITLE D NAME NAME LEE. G STREET ADDRESS STREET ADDRESS 2175 S OCEAN BLVD CITY-ST-ZIE CITY-ST-ZIP **DELRAY BCH FL 33483** ann, William Change ☐ Addition TITLE Delete TITLE HERMANN, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 2175 S OCEAN BLVD CITY-ST-ZIP CITY-ST-7IP DELRAY BCH FL 33483 Delete TITLE ☐ Addition NAME FERGUSON, ELIZABETH NAME STREET ADDRESS STREET ADDRESS 2175 S OCEAN BLVD CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33483 ☐ Change Addition TITLE DST TITLE NAME DAY, CHRIS STREET ADDRESS STREET ADDRESS 2175 S OCEAN BLVD **૱**૱483 CITY-ST-ZIP CITY-ST-ZIP DELRAY BCH FL 33483 **▼** Delete ☐ Change NAME SECHLER, JERE NAME STREET ADDRESS STREET ADDRESS 2175 S OCEAN BLVD CITY-ST-ZIP CITY-ST-ZIP DELRAY BCH FL 33483 TITLE ☐ Delete TITLE Change [ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR