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DOCUMENT # 760183						90068074	
1. Entity Name LA COSTA BEACH CLUB RESORT CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 1504 N OCEAN BLVD. POMPANO BEACH, FL 33062				Mailing Address 1504 N OCEAN BLVD. POMPANO BEACH, FL 33062			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State		4. FEI Number 59-2181495	
Zip		Country		Zip		Country	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LAW OFFICES OF ERIC M. GLAZER, P.A. 1929 EAST HALLANDALE BEACH BLVD. HALLANDALE, FL 33009				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (Signature, typed or printed name of registered agent and filer if applicable) (NOTE: Registered Agent's signature required when changing) DATE _____							
9. Election Campaign Financing Trust Fund Contribution ☐				\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	NAME	☒ Delete	TITLE	PD	NAME	☒ Change ☐ Addition
STREET ADDRESS	1504 N OCEAN BLVD.	WENDT, DONALD		STREET ADDRESS	1504 N Ocean Blvd.	Whitlock, Nancy	
CITY-ST-ZIP	POMPANO BCH, FL			CITY-ST-ZIP	Pompano Beach, FL		
TITLE	S	NAME	☒ Delete	TITLE	SD	NAME	☒ Change ☐ Addition
STREET ADDRESS	1504 N OCEAN BLVD.	WENOT, KENNY		STREET ADDRESS	1504 N Ocean Blvd.	Negron, Jose	
CITY-ST-ZIP	POMPANO BEACH, FL 33062			CITY-ST-ZIP	Pompano Beach, FL		
TITLE	SD	NAME	☒ Delete	TITLE	VD	NAME	☒ Change ☐ Addition
STREET ADDRESS	1504 N OCEAN BLVD.	WARNE, CLARKE		STREET ADDRESS	1504 N Ocean Blvd.	Hilhorst, Nick	
CITY-ST-ZIP	POMPANO BCH, FL			CITY-ST-ZIP	Pompano Beach, FL		
TITLE	T	NAME	☒ Delete	TITLE		NAME	☐ Change ☐ Addition
STREET ADDRESS	1504 N OCEAN BLVD.	JEFFRIES, WILMA		STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH, FL 33062			CITY-ST-ZIP			
TITLE		NAME	☐ Delete	TITLE		NAME	☐ Change ☐ Addition
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		NAME	☐ Delete	TITLE		NAME	☐ Change ☐ Addition
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. 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: <i>Nancy Whitlock</i>				04/01/03 (954) 942-4900			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			