

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750325

**Entity Name:** LA COSTA DEL MAR, INC.

**Current Principal Place of Business:**

C/O FIRSTSERVICE RESIDENTIAL  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487

**Current Mailing Address:**

C/O FIRSTSERVICE RESIDENTIAL  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487 US

**FEI Number:** 59-2168996

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BAKALAR & ASSOCIATES, P.A.  
12472 W ATLANTIC BLVD  
CORAL SPRINGS, FL 33071 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title VP  
Name WALKUP, JAMES  
Address 6463 LA COSTA DRIVE  
605  
City-State-Zip: BOCA RATON FL 33433

Title DIRECTOR  
Name CHAN, DARREN  
Address 6463 LA COSTA DRIVE  
702  
City-State-Zip: BOCA RATON FL 33433

Title TREASURER / SECRETARY  
Name GARCIS, IVETTE  
Address 6372 LA COSTA DRIVE  
203  
City-State-Zip: BOCA RATON FL 33433

Title PRESIDENT  
Name HAMILTON, MAXXWELL  
Address 6372 LA COSTA DRIVE  
505  
City-State-Zip: BOCA RATON FL 33433

Title DIRECTOR  
Name TENNYSON, THOMAS  
Address 6417 LA COSTA DRIVE  
101  
City-State-Zip: BOCA RATON FL 33433

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MAXXWELL HAMILTON

**PRESIDENT**

**01/23/2019**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date