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 MAR -2 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **729233** **(7)**

1. Corporation Name
COSTA DEL SOL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1 COSTA DEL SOL BLVD MIAMI FL 33178	1 COSTA DEL SOL BLVD MIAMI FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/03/1974
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-1804186 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KALLICHE, TONY
BECKER POLIAKOFF & STREITFELD, PA
6161 BLUE LAGOON DR. STE. 250
MIAMI FL 33126

10. Name and Address of New Registered Agent

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	PD	1.1 TITLE	~~PRESIDENT~~ PD	☒ Change ☐ Addition
NAME	GOLUB, BETTY	1.2 NAME	DONALD SADLER	
STREET ADDRESS	ONE COSTA DEL SOL BLVD.	1.3 STREET ADDRESS	1 COSTA DEL SOL BLVD	
CITY-ST-ZIP	MIAMI, FL 33178	1.4 CITY-ST-ZIP	MIAMI, FL. 33178	
TITLE	VPD	2.1 TITLE	~~VICE PRESIDENT~~ VPD	☒ Change ☐ Addition
NAME	SADLER, DONALD	2.2 NAME	EUGENE BECHAMPS	
STREET ADDRESS	ONE COSTA DEL SOL BLVD.,	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178	2.4 CITY-ST-ZIP	(SAME)	
TITLE	AVD	3.1 TITLE	ASST. VICE PRESIDENT	☒ Change ☐ Addition
NAME	RISK, JOHN	3.2 NAME	GONZALO CARPINTERO	
STREET ADDRESS	ONE COSTA DEL SOL BLVD.,	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178	3.4 CITY-ST-ZIP	(SAME)	
TITLE	TD	4.1 TITLE	~~TREASURER~~ TD	☒ Change ☐ Addition
NAME	LYNCH, EDWARD	4.2 NAME	JOSEPH BOYLE	
STREET ADDRESS	ONE COSTA DEL SOL BLVD.,	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178	4.4 CITY-ST-ZIP	(SAME)	
TITLE	ATD	5.1 TITLE	ASST TREAS./D	☒ Change ☐ Addition
NAME	ANTONIO, CARASA	5.2 NAME	JOHN CHAPMAN	
STREET ADDRESS	ONE COSTA DEL SOL BLVD.,	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178	5.4 CITY-ST-ZIP	(SAME)	
TITLE	SD	6.1 TITLE	~~SECRETARY~~ SD	☒ Change ☐ Addition
NAME	BERGEN, THOMAS	6.2 NAME	CAROLYN ORTMAN	
STREET ADDRESS	ONE COSTA DEL SOL BLVD.,	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178	6.4 CITY-ST-ZIP	(SAME)	

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)(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: _____ (305) 592-2292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

J. DONALD SADLER, PRESIDENT

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