2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jan 18, 2005 8:00 am **Secretary of State** 01-18-2005 90036 028 ****61.25 **DOCUMENT #729233** 1. Entity Name COSTA DEL SOL ASSOCIATION, INC. Mailing Address Principal Place of Business 40001773 1 COSTA DEL SOL BLVD 1 COSTA DEL SOL BLVD MIAMI, FL 33178 MIAMI, FL 33178 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 Cha-NP CR2E037 (10/03) 4. FEI Number 59-1804186 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SKRLD, INC Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE STE 1102 CORAL GABLES, FL 33134 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, typed or printed name of registered agent and title if applicable DATE : (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Detete TITLE TITLE GAYLE HARGROVE NAME NAME STREET ADDRESS ONE COSTA DEL SOL BLVD. STREET ADDRESS MIAMI, FL 33178 CITY-ST-71P CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME LOPEZ, ISABEL NAME ONE COSTA DEL SOL BLVD STREET ADDRESS STREET ADORESS CITY-ST-ZIP MIAMI, FL 33178 CITY-SID-ZIP TITLE ☐ Delete TITI F Change ☐ Addition CHAPMAN, JOHN NAME NAME STREET ADDRESS ONE COSTA DEL SOL BLVD. STREET ADDRESS CITY-ST-7IP MIAMI, FL 33178 CITY-ST ZIP TITLE OAT Delete TITLE Change ☐ Addition COF, MYRA NAME NAME STREET ADDRESS ONE COSTA DEL SOL BLVD. STREET ADDRESS MIAMI, FL 33178 CITY-ST-JIP CITY-ST-ZIP VPD Delete ☐ Change **△** Addition TITLE ABBATE, ANDRE MASAE ONECOSIO ONE COSTA DEL SOL BLVD STREET ADDRESS STREET ADDRESS MIAM, FL 33178 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS inpresional CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this peper 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 veceiver or trustie 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 attactment with an address, with all other like empowered.

SIGNATURE:

HAR MAL JOHN (ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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