2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#729233

FILED Jaņ 16, 2<u>00</u>9 Secretary of State

Entity Name: COSTA DEL SOL ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

ONE COSTA DEL SOL BLVD **DORAL, FL 33178**

Current Mailing Address: New Mailing Address:

ONE COSTA DEL SOL BLVD DORAL, FL 33178

FEI Number: 59-1804186 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

COSTALES - ABISEID, ANA CPA 6020 SW 40TH STREÉT MIAMI, FL 331555255 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

GLASS, SUSAN GLASS, SUSAN Name: Name: 3321 TORREMOLINOS AVE Address:

ONE COSTA DEL SOL BLVD Address: City-St-Zip: DORAL, FL 33178 City-St-Zip: DORAL, FL 33178

Title: () Delete Title: (X) Change () Addition

LOPEZ, ISABEL Name: LOPEZ, ISABEL Name: Address: ONE COSTA DEL SOL BLVD Address: 3608 ALCANTARA AVE City-St-Zip: DORAL, FL 33178 City-St-Zip: DORAL, FL 33178

Title: () Delete Title: (X) Change () Addition

WILDMAN, TIM WILDMAN, TIM Name: Name: ONE COSTA DEL SOL BLVD Address: Address: 3744 ESTEPONA AVE City-St-Zip: DORAL, FL 33178 City-St-Zip: DORAL, FL 33178

() Delete Title: TD Title: TD (X) Change () Addition Name: GONZALES, GEORGINA Name: FIGUEROA-BORGEN, AMALIA

Address: ONE COSTA DEL SOL BLVD. Address: 3847 ESTEPONA AVE City-St-Zip: DORAL, FL 33178 City-St-Zip: DORAL, FL 33178

Title: ASD () Delete Title: (X) Change () Addition

FERGUSON, JAMES FERGUSON, JAMES Name: Name: 9822 COSTA DEL SOL BLVD ONE COSTA DEL SOL BLVD Address: Address:

City-St-Zip: DORAL, FL 33178 City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ISABEL LOPEZ Ρ 01/16/2009