2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# 729233

Entity Name: COSTA DEL SOL ASSOCIATION, INC.

Current Principal Place of Business:

ONE COSTA DEL SOL BLVD
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

ONE COSTA DEL SOL BLVD
DORAL, FL 33178

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: SD ( ) Delete
Name: GLASS, SUSAN
Address: ONE COSTA DEL SOL BLVD
City-St-Zip: DORAL, FL 33178

Title: P ( ) Delete
Name: LOPEZ, ISABEL
Address: ONE COSTA DEL SOL BLVD
City-St-Zip: DORAL, FL 33178

Title: VD ( ) Delete
Name: WILDMAN, TIM
Address: ONE COSTA DEL SOL BLVD
City-St-Zip: DORAL, FL 33178

Title: TD ( ) Delete
Name: GONZALES, GEORGINA
Address: ONE COSTA DEL SOL BLVD.
City-St-Zip: DORAL, FL 33178

Title: ASD ( ) Delete
Name: FERGUSON, JAMES
Address: ONE COSTA DEL SOL BLVD
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: GLASS, SUSAN
Address: 3321 TORREMOLINOS AVE
City-St-Zip: DORAL, FL 33178

Title: P (X) Change ( ) Addition
Name: LOPEZ, ISABEL
Address: 3608 ALCANTARA AVE
City-St-Zip: DORAL, FL 33178

Title: VD (X) Change ( ) Addition
Name: WILDMAN, TIM
Address: 3744 ESTEPONA AVE
City-St-Zip: DORAL, FL 33178

Title: TD (X) Change ( ) Addition
Name: FIGUEROA-BORGEN, AMALIA
Address: 3847 ESTEPONA AVE
City-St-Zip: DORAL, FL 33178

Title: ASD (X) Change ( ) Addition
Name: FERGUSON, JAMES
Address: 9822 COSTA DEL SOL BLVD
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 P 01/16/2009

Electronic Signature of Signing Officer or Director — Date