2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 30, 2003 8:00 am **Secretary of State DOCUMENT # 729233** 1. Entity Name 01-30-2003 90122 048 ****61.25 COSTA DEL SOL ASSOCIATION, INC. Principal Place of Business Mailing Address 1 COSTA DEL SOL BLVD 1 COSTA DEL SOL BLVD 90013102 MIAMI FL 33178 MIAM! FL 33178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-1804186 Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SKRLD, INC Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE STE 1102 CORAL GABLES FL 33134 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition **GAYLE HARGROVE** NAME NAME ONE COSTA DEL SOL BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33178** ☐ Change TITLE ☐ Delete TITLE ☐ Addition NARDONE, SUSAN NAME NAME 3962 ESTEPONA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAM! FL 33178 CITY-ST-7IP ☐ Delete TITLE TITLE · Change CHAPMAN, JOHN NAME NAME ONE COSTA DEL SOL BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33178 **VPD** TITLE □ Delete TITLE Change ☐ Addition GLASS, SUSAN NAME NAME ONE COSTA DEL SOL BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33178 OAT TITLE Delete TITLE ☐ Change ☐ Addition Andre, abbate NAME NAME STREET ADDRESS ONE COSTA DEL SOL BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME

FILED

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report 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 eceiver of trustee 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 attachment with an address, with an address, with an address.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP