2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 729782

1. Entity Name
COSTA VISTA CONDOMINIUM ASSOCIATION, INC.

40001402

Principal Place of Business	Mailing Address
FOUR 163RD AVE E.	PO BOX 8125
REDINGTON BEACH, FL 33708 US	MADEIRA BEACH, FL 33738-8125

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

01062005   Chg-NP   CR2E037 (10/03)

4. FEI Number
59-3383005
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ERIKA M LYNCH THREE 163RD AVE E REDINGTON BEACH, FL 33708	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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

Filing Fee is $61.25 **Due by May 1, 2005**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make check payable to** **Florida Department of State**

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	LYNCH, MICHAEL J		NAME			
STREET ADDRESS	THREE 163RD AVE E		STREET ADDRESS			
CITY-ST-ZIP	REDINGTON BEACH, FL 33708		CITY-ST-ZIP			
TITLE	PD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	LYNCH, ERIKA		NAME			
STREET ADDRESS	THREE 163RD AVE E		STREET ADDRESS			
CITY-ST-ZIP	REDINGTON BEACH, FL 33708		CITY-ST-ZIP			
TITLE	ST	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	FOOTS, MARCIA		NAME			
STREET ADDRESS	FOUR 163RD AVE		STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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 receiver or 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 all other like empowered.

SIGNATURE: _Erika M Lynch_   1/14/05   727 319 215/

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #