2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jan 22, 2008 8:00 am **Secretary of State DOCUMENT #729782** 01-22-2008 90072 012 ****61.25 COSTA VISTA CONDOMINIUM ASSOCIATION, INC. 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 01162008 Cha-NP CR2E037 (12/06) City & State 4. FEI Number 59-3383005 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LYNCH, ERIKA M PRES. O. Box Number THREE 163RD AVE E REDINGTON BEACH, FL 33708 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. Fam familiar the obligations of registered agent. DATE (NOTE: Recedered Agent sconduct secured when recessors) Make check payable to Florida Department of State 9. Election Campaign Financing Fliing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. DIR TITLE Delete TETLE ☐ Change Addition LYNCH, MICHAEL J NAME NAME STREET ADDRESS THREE 163RD AVE E STREET ADDRESS CITY-ST-ZIP REDINGTON BEACH, FL. 33708 CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition LYNCH, ERIKA STREET ADDRESS THREE 163RD AVE E STREET ADDRESS CITY-ST-ZIP REDINGTON BEACH, FL 33708 CITY-ST-ZIP TITLE ☐ Delete TELLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ___ Addition NAME NAME

12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained 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 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 817, 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.

STREET ADORESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED