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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738886

1. Corporation Name
COSTA DEL REY, NORTH CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
2155 S. OCEAN BLVD. DELRAY BEACH FL 33483	2155 S. OCEAN BLVD. DELRAY BEACH FL 33483

2. Principal Place of Business 21	2a. Mailing Address 26 c/oAssociatiom Mgmt Group	3. Date Incorporated or Qualifed 05/02/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 7187 Thompson Rd	4. FEI Number 59-2130596 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Lantana, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 33462 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. **Name and Address of Current Registered Agent**

MORCROFT, C. RANDAL
2155 S. OCEAN BLVD #10
DELRAY BEACH FL 33483

10. **Name and Address of New Registered Agent**

81 Name: JANET HUCKABY
82 Street Address (P.O. Box Number is Not Acceptable): 7187 THOMPSON ROAD
83
84 City: LANTANA FL 85 Zip Code: 33462

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Janet Huckaby 3-8-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS HINNERS		1.2 NAME	
STREET ADDRESS	2155 S OCEAN BLVD 4		1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BENTER, AJAY		2.2 NAME	
STREET ADDRESS	2155 S OCEAN BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483		2.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MORCROFT, KAREN L.		3.2 NAME	
STREET ADDRESS	2155 S. OCEAN BLVD #10		3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CLAUDIA BLOOMSTON		4.2 NAME	
STREET ADDRESS	2155 S. OCEAN BLVD., #21		4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ODD JORGENSEN		5.2 NAME	
STREET ADDRESS	2155 SOUTH OCEAN BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL		5.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HINNERS, THOMAS		6.2 NAME	
STREET ADDRESS	2155 S OCEAN BLVD, #4		6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen Morcroft **REQUIRED** 3-8-99 (561) 965-4486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #