2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State
02-26-2000 90011 041 ****61.25

DOCUMENT # 738886

1. Entity Name

COSTA DEL REY, NORTH CONDOMINIUM ASSOCIATION, IN

Principal Place of Business	Mailing Address
2155 S. OCEAN BLVD. DELRAY BEACH FL 33483 US	C/O ASSOCIATIOM MGMT GROUP 7187 THOMPSON RD ~~LANTANA FL 33462~~ Boynton Beach, FL 33426 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 7187 Thompson Rd
City & State	City & State Boynton Beach
Zip / Country	Zip FL 33426 / Country PBC

4. FEI Number 59-2130596 ☐ 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
HUCKABY, JANET 7187 THOMPSON RD ~~LANTANA FL 33462~~	Name C/O HUCKABY, JANET Street Address (P.O. Box Number is Not Acceptable) 7187 THOMPSON ROAD City Boynton Beach FL Zip Code 33426

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.

SIGNATURE Janet Huckaby 2-15-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD THOMAS HINNERS 2155 S OCEAN BLVD 4 DELRAY BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MORCROFT, KAREN L. 2155 S. OCEAN BLVD #10 DELRAY BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CLAUDIA BLOOMSTON 2155 S. OCEAN BLVD., #21 DELRAY BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JORGENSON, ANDREA 2155 So. Ocean Blvd #18 Delray Beach, FL 33483 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HINNERS, THOMAS 2155 S OCEAN BLVD, #4 DELRAY BEACH FL 33483	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Lefkowitz, Leon 2155 So Ocean Blvd #6 Delray Beach, FL 33483 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D McQuade, Richard 2155 So. Ocean Blvd #22 Delray Beach, FL 33483 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: ~~KAREN MORCROFT~~ Karen Morcroft 2-15-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #