

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742711 (5)

1. Corporation Name
LA COSTA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1800 GULF DRIVE NORTH BRADENTON BEACH FL 34217-2395
Mailing Address: 1800 GULF DRIVE NORTH BRADENTON BEACH FL 34217-2395

3. Date Incorporated or Qualified: 05/05/1978
3a. Date of Last Report: 10/12/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1810451	<input type="checkbox"/>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	28	28
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEISURE RESORTS MANAGEMENT CORP. 1801 MAIN STREET SARASOTA FL 34236	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	FL 85 Zip Code

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 officer 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	S/D
NAME	BELFORD, RALPH	1.2 NAME	
STREET ADDRESS	4219 PRESIDENTIAL AVE CR E	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	VP/D
NAME	WARD, MICHAEL	2.2 NAME	Tom Hicks
STREET ADDRESS	3325 NIBLICH CT.	2.3 STREET ADDRESS	1800 Gulf Drive North #202
CITY-ST-ZIP	ALPHARETTA GA	2.4 CITY-ST-ZIP	Bradenton Beach, FL 34217
TITLE	DV	3.1 TITLE	
NAME	NORRIS, ALLAN	3.2 NAME	
STREET ADDRESS	2107 EDGEWATER CR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	T/D
NAME	SCHECK, JOHN	4.2 NAME	
STREET ADDRESS	2998 PLANTATION RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	TAPIA, ED	5.2 NAME	Charles West
STREET ADDRESS	1800 GULF DRIVE N	5.3 STREET ADDRESS	127 Crestmore
CITY-ST-ZIP	BRADENTON BCH FL	5.4 CITY-ST-ZIP	Collinsville, IL
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: RALPH L. BELFORD III DIRECTOR/SEC. 3/20/96 727-7225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)