

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34217-2312
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3. Date Incorporated or Qualified 05/05/1978	3a. Date of Last Report 04/04/1996
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2. Principal Place of Business	2b. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

4. FEI Number 59-1810451	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LEISURE RESORTS MANAGEMENT CORP.
1801 MAIN STREET
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, TOM	2.2 NAME	
STREET ADDRESS	1800 GULF DR NORTH, #202	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON BCH FL	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORRIS, ALLAN	3.2 NAME	Guy Davis
STREET ADDRESS	2107 EDGEWATER CR.	3.3 STREET ADDRESS	4203 100th Street W
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	Bradenton, FL
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, CHARLES	5.2 NAME	
STREET ADDRESS	127 CRESTMORE	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLLINSVILLE IL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

CFR2E037 (9/96)