

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

99 MAR -9 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 742711

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	05/05/1978	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-1810451	
24	Country	29	Country	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	

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	William Hager	
82	Street Address (P.O. Box Number is Not Acceptable)	1801 Main Street	
83	City	Sarasota	FL
84	Zip Code	34236	

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELFORD, RALPH	12 NAME	
STREET ADDRESS	4219 PRESIDENTIAL AVE CR E	13 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	14 CITY-ST-ZIP	500002810925-9
TITLE	VPD	21 TITLE	-03/18/99-01084-019
NAME	HICKS, TOM	22 NAME	*****70.00
STREET ADDRESS	1800 GULF DR NORTH, #202	23 STREET ADDRESS	*****70.00
CITY-ST-ZIP	BRADENTON BCH FL	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, GUY	32 NAME	
STREET ADDRESS	4203 100TH STREET W.	33 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHECK, JOHN	42 NAME	
STREET ADDRESS	2998 PLANTATION RD.	43 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, CHARLES	52 NAME	Charles West
STREET ADDRESS	127 CRESTMORE	53 STREET ADDRESS	609 Josh Drive
CITY-ST-ZIP	COLLINSVILLE IL	54 CITY-ST-ZIP	Brighton, IL 62012
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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:

Ralph H Belford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

0066514

CR2E037 (1/98)