


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90246 036 \*\*\*\*61.25

**DOCUMENT # 742711**

1. Entity 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**

**60002615**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01132006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-1810451</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BISHOP, GERALD                  2831 RINGLING BLVD                  #218F                  SARASOTA, FL 34237</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$81.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	AVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELFORD, RALPH		NAME	Jeff Sobacki	
STREET ADDRESS	4219 PRESIDENTIAL AVE CR E		STREET ADDRESS	1327 Baita St Court	
CITY-ST-ZIP	BRADENTON, FL		CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	<del>STD</del>	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, GUY		NAME		
STREET ADDRESS	4203 100TH STREET W.		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCVEY, LEE		NAME	Linda Willis	
STREET ADDRESS	1301 86TH COURT NW		STREET ADDRESS	4019 89th St. E.	
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP	Palmetto, FL 34221	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Linda Willis **Linda Willis** *Secy/Treas* **1-13-06** **9417788006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #