FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **749541** **(9)**

1. Corporation Name

COSTA DEL SOL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5801 N BANANA RIVER BLVD #950 CAPE CANAVERAL FL 32920	5801 N BANANA RIVER BLVD #950 CAPE CANAVERAL FL 32920

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1979
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2177640 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SOILEAU, JOHN PA
1970 MICHIGAN AVE STE C
COCOA BEACH FL 32923

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	~~GABRIN, CAROLE X~~	12 NAME	Rosann Gallagher
STREET ADDRESS	5800 N. BANANA RV. VLVD. #227	13 STREET ADDRESS	5801 N. Banana Rv. Blvd. #913
CITY-ST-ZIP	CAPE CANAVERAL FL	14 CITY-ST-ZIP	~~Cape Canaveral, FL 32920~~
TITLE	VPD	21 TITLE	VPD ☒ Change ☐ Addition
NAME	~~X~~	22 NAME	Jim Devitt
STREET ADDRESS	5800 N BANANA BLVD #231	23 STREET ADDRESS	5803 N. Banana Rv. Blvd. #1041
CITY-ST-ZIP	CAPE CANAVERAL FL	24 CITY-ST-ZIP	Cape Canaveral, FL 32920
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	WHITE, ERNEST T.	32 NAME	
STREET ADDRESS	5800 N. BANANA RV. BLVD. #213	33 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	D ☒ Change ☐ Addition
NAME	~~X~~	42 NAME	Richard Smith
STREET ADDRESS	5803 N. BANANA RV. BLVD #1053	43 STREET ADDRESS	5805 N. Banana Rv. Blvd. #1123
CITY-ST-ZIP	CAPE CANAVERAL FL	44 CITY-ST-ZIP	Cape Canaveral, FL 32920
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	~~X~~	52 NAME	Jack Rosenberry
STREET ADDRESS	5803 N. BANANA RV. BLVD #1041	53 STREET ADDRESS	5805 N. Banana Rv. Blvd. #1157
CITY-ST-ZIP	CAPE CANAVERAL FL	54 CITY-ST-ZIP	Cape Canaveral, FL 32920
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 added by an attachment with an address.

SIGNATURE: E.T. WHITE SECY/TREAS 2-16-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #