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Jun 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 749541 (9)  
1. Corporation Name  
COSTA DEL SOL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 5801 N BANANA RIVER BLVD #958 CAPE CANAVERAL FL 32920  
Mailing Address: 5801 N BANANA RIVER BLVD #958 CAPE CANAVERAL FL 32920

3. Date Incorporated or Qualified: 10/29/1979  
4. FEI Number: 59-2177640  
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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business  
21. Same  
22. Suite, Apt. #, etc.  
23. City & State: Cape Canaveral, FL  
24. Zip: 32920  
25. Country: Brevard  
26. Mailing Address: 5801 N Banana River Blvd  
27. Suite, Apt. #, etc. #958  
28. City & State: Cape Canaveral, FL  
29. Zip: 32920  
30. Country: Brevard

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  
85. Zip Code: FL

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTH ELLIOTT	1.2 NAME	Ruth Elliott STD
STREET ADDRESS	5800 N. BANANA RV. BLVD. #235	1.3 STREET ADDRESS	5800 N Banana Rv Blvd #235
CITY-ST-ZIP	CAPE CANAVERAL FL	1.4 CITY-ST-ZIP	Cape Canaveral, FL 32920
TITLE	VPD	2.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVITT, JIM	2.2 NAME	Richard Smith PD
STREET ADDRESS	5803 N BANANA RV., BLVD. #1041	2.3 STREET ADDRESS	5805 N Banana Rv. Blvd #1123
CITY-ST-ZIP	CAPE CANAVERAL FL	2.4 CITY-ST-ZIP	Cape Canaveral, FL 32920
TITLE	D	3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELEN BLACKBURN	3.2 NAME	Helen Blackburn PD
STREET ADDRESS	5805 N. BANANA RV. BLVD., #1125	3.3 STREET ADDRESS	5805 N Banana Rv Blvd #1125
CITY-ST-ZIP	CAPE CANAVERAL FL	3.4 CITY-ST-ZIP	Cape Canaveral, FL 32920
TITLE	D	4.1 TITLE	Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIOTT, RUTH	4.2 NAME	Jack Christian
STREET ADDRESS	5800 N BANANA RV., BLVD. #235	4.3 STREET ADDRESS	5800 N Banana Rv Blvd #136
CITY-ST-ZIP	CAPE CANAVERAL FL	4.4 CITY-ST-ZIP	Cape Canaveral, FL 32920
TITLE	D	5.1 TITLE	Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMERS, MARCEL L	5.2 NAME	Arthur Grazulis
STREET ADDRESS	5807 N ATLANTIC AVE #514	5.3 STREET ADDRESS	5803 N Banana Rv Blvd #1022
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	5.4 CITY-ST-ZIP	Cape Canaveral, FL 32920
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: *Ruth Elliott* *11/25/98* *1047* *799-4401*

CR2E037 (10/97)