


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90214 030 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749541
 1. Corporation Name
COSTA DEL SOL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 5801 N BANANA RIVER BLVD #958 CAPE CANAVERAL FL 32920 US	Mailing Address 5801 N BANANA RIVER BLVD #958 CAPE CANAVERAL FL 32920 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/29/1979
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2177640
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	30. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 _____
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	STD <input type="checkbox"/> DELETE	1.1 TITLE	Board member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTH ELLIOTT	1.2 NAME	Hilda Antonis
STREET ADDRESS	5800 N. BANANA RV. BLVD. #235	1.3 STREET ADDRESS	5807 N Atlantic Ave #714
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	1.4 CITY-ST-ZIP	Cape Canaveral, Fl 32920
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RICHARD	2.2 NAME	
STREET ADDRESS	5805 N BANANA RIVER BLVD #1123	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELEN BLACKBURN	3.2 NAME	
STREET ADDRESS	5805 N. BANANA RV. BLVD., #1125	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	3.4 CITY-ST-ZIP	
TITLE	BMD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIAN, JACK	4.2 NAME	
STREET ADDRESS	5800 N BANANA RIVER BLVD #136	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	4.4 CITY-ST-ZIP	
TITLE	BMD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAZULIS, ARTHUR	5.2 NAME	
STREET ADDRESS	5803 N BANANA RIVER BLVD #1022	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: _____ **3/5/99** **407-7994575**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Ruth Elliott Sec./Treasurer

CR2E037 (1/98)