

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749541

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2177640

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                 |                                            |
|----------------|---------------------------------|--------------------------------------------|
| TITLE          | STD                             | <input type="checkbox"/> Delete            |
| NAME           | RUTH ELLIOTT                    |                                            |
| STREET ADDRESS | 5800 N. BANANA RV. BLVD. #235   |                                            |
| CITY-ST-ZIP    | CAPE CANAVERAL FL 32920         |                                            |
| TITLE          | D                               | <input checked="" type="checkbox"/> Delete |
| NAME           | O'NEIL, HAROLD                  |                                            |
| STREET ADDRESS | 5805 N BANANA RIVER BLVD #934   |                                            |
| CITY-ST-ZIP    | CAPE CANAVERAL FL 32920         |                                            |
| TITLE          | VPD                             | <input checked="" type="checkbox"/> Delete |
| NAME           | HELEN BLACKBURN                 |                                            |
| STREET ADDRESS | 5805 N. BANANA RV. BLVD., #1125 |                                            |
| CITY-ST-ZIP    | CAPE CANAVERAL FL 32920         |                                            |
| TITLE          | PD                              | <input type="checkbox"/> Delete            |
| NAME           | CHRISTIAN, JACK                 |                                            |
| STREET ADDRESS | 5800 N BANANA RIVER BLVD #136   |                                            |
| CITY-ST-ZIP    | CAPE CANAVERAL FL 32920         |                                            |
| TITLE          | BM                              | <input checked="" type="checkbox"/> Delete |
| NAME           | ANTONIS, HILDA                  |                                            |
| STREET ADDRESS | 5807 N. ATLANTIC AVE #714       |                                            |
| CITY-ST-ZIP    | CAPE CANAVERAL FL 32920         |                                            |
| TITLE          |                                 | <input type="checkbox"/> Delete            |
| NAME           |                                 |                                            |
| STREET ADDRESS |                                 |                                            |
| CITY-ST-ZIP    |                                 |                                            |

|                |                             |                                                                              |
|----------------|-----------------------------|------------------------------------------------------------------------------|
| TITLE          | Pres                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Richard Smith               |                                                                              |
| STREET ADDRESS | 5805 N Banana Rv Blvd #1123 |                                                                              |
| CITY-ST-ZIP    | Cape Canaveral, FL 32920    |                                                                              |
| TITLE          | D                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Maurice Cain                |                                                                              |
| STREET ADDRESS | 5805 N Banana Rv Blvd #1032 |                                                                              |
| CITY-ST-ZIP    | Cape Canaveral, FL 32920    |                                                                              |
| TITLE          | D                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Woody Abbott                |                                                                              |
| STREET ADDRESS | 5800 N Banana Rv Blvd #118  |                                                                              |
| CITY-ST-ZIP    | Cape Canaveral, FL 32920    |                                                                              |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |                                                                              |
| STREET ADDRESS |                             |                                                                              |
| CITY-ST-ZIP    |                             |                                                                              |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |                                                                              |
| STREET ADDRESS |                             |                                                                              |
| CITY-ST-ZIP    |                             |                                                                              |

12. 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 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01

Date

Daytime Phone #

FILED  
Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90084 043 \*\*\*\*61.25

00021958



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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