

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90046 042 ****61.25

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

50030486



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2177640

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **STD** Delete
 NAME: **RUTH ELLIOTT**
 STREET ADDRESS: **5800 N. BANANA RV. BLVD. #235**
 CITY-ST-ZIP: **CAPE CANAVERAL, FL 32920**

TITLE: **President** Change Addition
 NAME: **Julius Farago**
 STREET ADDRESS: **5803 N Banana Rv Blvd #1053**
 CITY-ST-ZIP: **Cape Canaveral, FL 32920**

TITLE: **BM** Delete
 NAME: **DUNN, MARCIA**
 STREET ADDRESS: **5807 N. BANANA RV BLVD. #1221**
 CITY-ST-ZIP: **CAPE CANAVERAL, FL 32920**

TITLE: **VP** Change Addition
 NAME: **Debbie Abbott**
 STREET ADDRESS: **5800 N Banana Rv Blvd #118**
 CITY-ST-ZIP: **Cape Canaveral, FL 32920**

TITLE: **BM** Delete
 NAME: **PRZYBOCKI, JOHN**
 STREET ADDRESS: **5807 N BANANA RV. BLVD., #1235**
 CITY-ST-ZIP: **CAPE CANAVERAL, FL 32920**

TITLE: **Asst. Secretary** Change Addition
 NAME: **Maureen Thomas**
 STREET ADDRESS: **5803 N Banana Rv Blvd #1115--**
 CITY-ST-ZIP: **Cape Canaveral, FL 32920**

TITLE: **V** Delete
 NAME: **JOSEPH, MAYER**
 STREET ADDRESS: **5807 N. ATLANTIC AVE. #423**
 CITY-ST-ZIP: **CAPE CANAVERAL, FL 32920**

TITLE: **Asst. Treasurer** Change Addition
 NAME: **Richard Smith**
 STREET ADDRESS: **5805 n Banana Rv Blvd. #1123**
 CITY-ST-ZIP: **Cape Canaveral, FL 32920**

TITLE: **P** Delete
 NAME: **GABRINI, CAROLE**
 STREET ADDRESS: **5800 N BANANA RV. BLVD., #227**
 CITY-ST-ZIP: **CAPE CANAVERAL, FL 32920**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change 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: Ruth Elliott
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/05 321-799-0877
 Date Daytime Phone #