


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90022 011 ****61.25

| | | | |
|---|---|---|--|
| DOCUMENT # 749541 1. Entity Name COSTA DEL SOL CONDOMINIUM ASSOCIATION, INC. | |  | |
| Principal Place of Business | | Mailing Address | |
| 5801 N BANANA RIVER BLVD #958 CAPE CANAVERAL FL 32920 US | | 5801 N BANANA RIVER BLVD #958 CAPE CANAVERAL FL 32920 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| | | 4. FEI Number 59-2177640 | |
| | | Applied For <input type="checkbox"/> Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$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: <i>Dennis Gibbs, President</i> 2-13-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when registering) DATE</small> | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | V <input type="checkbox"/> Delete | TITLE | Asst. Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MAYER, JOSEPH | NAME | Mary Schmitt |
| STREET ADDRESS | 5807 N ATLANTIC AVE #423 | STREET ADDRESS | 5801 N Banana Rv Blvd #917 |
| CITY- ST- ZIP | CAPE CANAVERAL FL 32920 | CITY- ST- ZIP | Cape Canaveral, Fl 32920 |
| TITLE | BM <input checked="" type="checkbox"/> Delete | TITLE | Bd. Member/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MANNIX, KAREN | NAME | Vincent O'Donnell |
| STREET ADDRESS | 5807 N. ATLANTIC AVE #322 | STREET ADDRESS | 5800 N Banana Rv Blvd # 224 |
| CITY- ST- ZIP | CAPE CANAVERAL FL 32920 | CITY- ST- ZIP | Cape Canaveral, Fl 32920 |
| TITLE | W Sec./Treas. <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ABBOTT, DEBBIE | NAME | |
| STREET ADDRESS | 5800 N BANANA RV BLVD #118 | STREET ADDRESS | |
| CITY- ST- ZIP | CAPE CANAVERAL FL 32920 | CITY- ST- ZIP | |
| TITLE | AS <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMAS, MAUREEN | NAME | |
| STREET ADDRESS | 5803 N BANANA RV BLVD #1115 | STREET ADDRESS | |
| CITY- ST- ZIP | CAPE CANAVERAL FL 32920 | CITY- ST- ZIP | |
| TITLE | P <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, RICHARD | NAME | |
| STREET ADDRESS | 5805 N BANANA RV BLVD #1123 | STREET ADDRESS | |
| CITY- ST- ZIP | CAPE CANAVERAL FL 32920 | CITY- ST- ZIP | |
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Gibbs, Dennis | NAME | |
| STREET ADDRESS | 5807 N Atlantic Ave #723 | STREET ADDRESS | |
| CITY- ST- ZIP | Cape Canaveral, Fl 32920 | CITY- ST- ZIP | |



1st MOORE CR2E037 (10/06)

SIGNATURE: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR