

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90002 022 ****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

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
**-PICKLES, TIMOTHY
1970 MICHIGAN AVE STE C
COCOA BEACH FL 32923**

4. FEI Number **59-2177640** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

TITLE	V	<input type="checkbox"/> Delete
NAME	MAYER, JOSEPH	
STREET ADDRESS	5807 N ATLANTIC AVE #423	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	BM	<input type="checkbox"/> Delete
NAME	MANNIX, KAREN	
STREET ADDRESS	5807 N. ATLANTIC AVE #322	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ABBOTT, DEBBIE	
STREET ADDRESS	5800 N BANANA RV BLVD #118	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	AS	<input type="checkbox"/> Delete
NAME	THOMAS, MAUREEN	
STREET ADDRESS	5803 N BANANA RV BLVD #1115	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SMITH, RICHARD	
STREET ADDRESS	5805 N BANANA RV BLVD #1123	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	President	<input type="checkbox"/> Delete
NAME	Dennis Gibbs	
STREET ADDRESS	5807 N Atlantic Ave #723	
CITY-ST-ZIP	Cape Canaveral, FL 32920	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Sec/Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gail Burch	
STREET ADDRESS	5807 N Banana Rv Blvd #1246	
CITY-ST-ZIP	Cape Canaveral, FL 32920	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information reported with this filing 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 links empowered.

SIGNATURE: *Dennis R. Gibbs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-08 321-799-4570
Date Date Rec'd From