

# 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

**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 - 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)

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

**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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition  
NAME **Sec/Treas**  
STREET ADDRESS **Gail Burch**  
CITY-ST-ZIP **5807 N Banana Rv Blvd #1246**  
**Cape Canaveral, FL 32920** ☐ Change ☐ Addition

TITLE **BM** ☐ Delete  
NAME **MANNIX, KAREN**  
STREET ADDRESS **5807 N. ATLANTIC AVE #322**  
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **V** ☒ Delete  
NAME **ABBOTT, DEBBIE**  
STREET ADDRESS **5800 N BANANA RV BLVD #118**  
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **AS** ☐ Delete  
NAME **THOMAS, MAUREEN**  
STREET ADDRESS **5803 N BANANA RV BLVD #1115**  
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **P** ☒ Delete  
NAME **SMITH, RICHARD**  
STREET ADDRESS **5805 N BANANA RV BLVD #1123**  
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME **President**  
STREET ADDRESS **Dennis Gibbs**  
CITY-ST-ZIP **5807 N Atlantic Ave #723**  
**Cape Canaveral, FL 32920**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied 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 like empowered.

SIGNATURE:

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

**2-7-08** **321-799-4570**