

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749541

FILED
Jan 14, 2009
Secretary of State

Entity Name: COSTA DEL SOL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5801 N BANANA RIVER BLVD #958
CAPE CANAVERAL, FL 32920 US

New Principal Place of Business:

Current Mailing Address:

5801 N BANANA RIVER BLVD
#958
CAPE CANAVERAL, FL 32920 US

New Mailing Address:

FEI Number: 59-2177640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PICKLES, TIMOTHY
1970 MICHIGAN AVE STE C
COCOA BEACH, FL 32923 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: MAYER, JOSEPH
Address: 5807 N ATLANTIC AVE #423
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: BM () Delete
Name: MANNIX, KAREN
Address: 5807 N. ATLANTIC AVE #322
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: ST () Delete
Name: BURCH, GAIL
Address: 5807 N BANANA RV BLVD # 1246
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: AS () Delete
Name: THOMAS, MAUREEN
Address: 5803 N BANANA RV BLVD #1115
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: P () Delete
Name: GIBBS, DENNIS
Address: 5807 N ATLANTIC AVE # 723
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS GIBBS

P

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date