FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

754320

(0)

COSTA DEL SOL RESORT CONDOMINIUM ASSOCIATION, IN

Principal Place	e of Business	Mailing Address				# EWDIAN NAWN' DENIN MIANU FREEW NIWIA WA 	iii Bidir Bidii Dibii atafi a	INGH BIGH TOPA
4220 EL MAR DR. LAUDERDALE-BY-THE-SEA FL 33308		4220 EL MAR DR. Lauderdale-by-the-sea fl 33308-5440						
						3. Date Incorporated or Qualified 09/24/1980	3a. Date of Last 9 05/01/19	Report 196
<u></u>	ace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21	h	26				59-2231432		ot Applicable
Suite, Apt #	H, etc.	Suite, Apt #, etc.			114	5. Certificate of Status Desired	1 7 -	Additional equired
City & State	9	Cily & State				Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Coun	try		8. This corporation has liability for in		s. 199.032,
24	25 29 30		30			Florida Statutes Yes No		
	9. Name and Address of Current	Registered Agent		B1	Name	10. Name and Address of New Reg	ristered Agent	
PEOUED	DOUBLOSS & OTOSTESIA D. D. A.							
BECKER POLIAKOFF & STREITFELD,P.A. EMERALD LAKE CORP. PARK			[6	B2	Street Addres	ess (P.O. Box Number is Not Acceptable)		
3111 STIRLING ROAD			ļ	B3				
FT. LAUC	DERDALE FL 33312-6525		1	B4	City	- 11115 3111	FL 85 Zip	Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered								
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE _		100						
12.	Signature typing or printed name of registered agent OFFICERS AND		13.	Agen	t signature required	ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTO	BS IN 12
TITLE	T/D	DELETE	1.1 T(T)	F		ADDITIONS/CHANGES TO OFFICE	Change	Addition
NAME	SORANNO, VITO		1.2 NAME					
STREET ADDRESS	14 MOUNT PLEASANT RD.		1.3 STREET ADDRESS		ADDRESS			
CFTY+ST-ZIF	MORRISTOWN NJ 07960		1.4 CITY - ST - ZIP		i i			,
1IILF	VPD DELETE			2.1 TITLE			☐ Change	Addition
NAME	GIRARDIN, OMER P.		2.2 NA					
STREET ADDRESS	8069 HENRI BOURASSA ST.		2 3 STREET ADDRESS		ADDRESS			
DITY-ST-7IP	MONTREAL, CAN H1E 2Z3		2 4 CIT	Y-ST	T-ZIP			
TITLE	D DELETE		3 1 TfTL	31 THTLE			Change	Addition
NAME	SIEBENALER, JOHN C.		3.2 NAME					
STREET ADORESS	246 PORTMAN LN		3.3 STR	EET A	address			
CITY - ST - ZIP			3.4. CIT		T-ZIP			
TITLE			4.1 7171				L.J Change	Addition
NAME	CABLE, BARBARA		4. 2 NA					
STHEET ADDRESS	3334 HIDDEN HILLS, S.E.				ADDRESS			
CHY-ST-ZIP	GRAND RAPIDS MI	DELETE	4.4 CIT		- ZIP		Change	Addition
TITLE NAME	MUCKER, ROBERT A.	L_3 OLLUT	5.1 TITL 5.2 NAM				CT Citalitie	La roomon
STREET ADDRESS	2113 CREST VIEW COURT		į.		ADDRESS			
CHY-ST-ZIP	LAFAYETTE IN		5.4 CIT		- 1			
TITLE			61 TITL		<u> </u>		Change	Addition
NAME	Dube, Rene A.		6.2 NA		}			
STREET ADDRESS	3930 CRYSTAL LAKE DR., #1	16			ADDRESS			
CiTy · S1 · ZiP	POMPANO BEACH FL 33064		6.4 CIT					
14 Ldo beret	ov certify that the information supplied	with this filing does not qual	lify for the e	yen	notion stated i	n Section 119.07(3)(i), Florida Statutes	. I further certify tha	t the
Information Lam an of	n indicated on trils annual report or su fficer or director of the convoration or t	uppiemental annual report is the receiver or trustee empo	wered to ex	cour cecu	rate and that nute this report.	ny signature shall have the same legal as required by Chapter 617, Florida St	enect as it made lit tatutes; and that my	name name

SIGNATURE:

appears in Block 12 of

GENERAL MANAGER

3/18/97 (954)776-6900

FILED

Mar 21 1997 8:00am

Secretary of State