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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90038 019 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 754320

1. Corporation Name
COSTA DEL SOL RESORT CONDOMINIUM ASSOCIATION, IN

Principal Place of Business: 4220 EL MAR DR. LAUDERDALE-BY-THE-SEA FL 33308
 Mailing Address: 4220 EL MAR DR. LAUDERDALE-BY-THE-SEA FL 33308



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/24/1980
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2231432
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	29
25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
BECKER POLIAKOFF & STREITFELD,P.A. EMERALD LAKE CORP. PARK 3111 STIRLING ROAD FT. LAUDERDALE FL 33312-6525		81 Name
		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		84 City
		85 Zip Code
		FL
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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.		

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	T/D	<input type="checkbox"/> DELETE
NAME	SORANNO, VITO	
STREET ADDRESS	14 MOUNT PLEASANT RD.	
CITY-ST-ZIP	MORRISTOWN NJ 07960	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GIRARDIN, OMER P.	
STREET ADDRESS	8069 HENRI BOURASSA ST.	
CITY-ST-ZIP	MONTREAL,CAN H1E 2Z3	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIEBENALER, JOHN C.	
STREET ADDRESS	246 PORTMAN LN	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CABLE, BARBARA	
STREET ADDRESS	3334 HIDDEN HILLS, S.E.	
CITY-ST-ZIP	GRAND RAPIDS MI	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MUCKER, ROBERT A.	
STREET ADDRESS	2113 CREST VIEW COURT	
CITY-ST-ZIP	LAFAYETTE IN	
TITLE	M	<input type="checkbox"/> DELETE
NAME	DUBE, RENE A.	
STREET ADDRESS	3930 CRYSTAL LAKE DR., #116	
CITY-ST-ZIP	POMPANO BEACH FL 33064	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5009 Boulevard-St-Jean-Baptiste
2.4 CITY-ST-ZIP	Montreal,Quebec Canada H1B 5V3
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	4550 N.W.18th Avenue # 210
6.4 CITY-ST-ZIP	Pompano Beach,Fl 33064

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 03/15/99 (954) 776-6900
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

0036799

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