

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90063 019 ****61.25

DOCUMENT # 754320

1. Entity Name

COSTA DEL SOL RESORT CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

Mailing Address

4220 EL MAR DR.
 LAUDERDALE-BY-THE-SEA FL 33308

4220 EL MAR DR.
 LAUDERDALE-BY-THE-SEA FL 33308-5440

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2231432

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BECKER POLIAKOFF & STREITFELD,P.A.
EMERALD LAKE CORP. PARK
3111 STIRLING ROAD
FT. LAUDERDALE FL 33312-6525

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.

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **T/D SORANNO, VITO**
 STREET ADDRESS **14 MOUNT PLEASANT RD.**
 CITY-ST-ZIP **MORRISTOWN NJ 07960**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD GIRARDIN, OMER P.**
 STREET ADDRESS **5009 BOULEVARD-ST-JEAN BAPTISTE**
 CITY-ST-ZIP **MONTREAL QUEBEC CA H1B- 5V3**

TITLE Change Addition
 NAME **VPD OMER P. GIRARDIN**
 STREET ADDRESS **265 RUE DE CHAMBLY**
 CITY-ST-ZIP **REPENTIGNY, QUE. CANADA J5Y 3P3**

TITLE Delete
 NAME **D SIEBENALER, JOHN C.**
 STREET ADDRESS **246 PORTMAN LN**
 CITY-ST-ZIP **PITTSBURGH PA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD CABLE, BARBARA**
 STREET ADDRESS **3334 HIDDEN HILLS, S.E.**
 CITY-ST-ZIP **GRAND RAPIDS MI**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P MUCKER, ROBERT A.**
 STREET ADDRESS **2113 CREST VIEW COURT**
 CITY-ST-ZIP **LAFAYETTE IN**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **M DUBE, RENE A.**
 STREET ADDRESS **4550 NW 18TH AVENUE # 210**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X SIGNATURE REQUIRED*

05/01/00

(954) 776-6900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #