


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90182 015 ****61.25

DOCUMENT # N01000009051	
1. Entity Name COSTA DEL MAR CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 7921 HARDING AVE MIAMI BCH, FL	Mailing Address 145 MADEIRA AVENUE 206 CORAL GABLES, FL 33134
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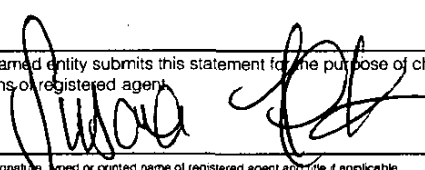
2. Principal Place of Business - No P.O. Box # 7921 Harding Ave.	3. Mailing Address 145 Madeira Ave
Suite, Apt. #, etc. #206	Suite, Apt. #, etc. #206
City & State Miami Beach, FL	City & State Coral Gables, FL
Zip 33141	Zip 33134
Country USA	Country USA



03282007 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FERNANDEZ, SUSANA 145 MADEIRA AVENUE SUITE 206 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent 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.

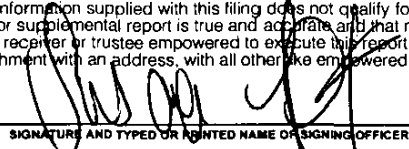
SIGNATURE  DATE **4/9/07**

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

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PAPAYANNIS, PERICLES 33 HUDSON STREET APT 1901 EAST JERSEY CITY, NJ 07302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Papayannis, Pericles 33 Hudson Street Apt 1901 East Jersey City, NJ 07302 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BROWN, JAMES 7921 HARDING AVE., #101 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Shamara Bondaroff 135 W. 10th Street, Apt. 7 New York, NY 10014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BONDAROFF, SHAMARA 7921 HARDING AVE., #301 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD Larry San Juan 7921 Harding Avenue #302 Miami Beach, FL 33141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE **4/9/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR