2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR) FILED Feb 27, 2008 08:00 AM Secretary of State DOCUMENT # N03000004871 1. Entity Name COSTA CREST CONDOMINUM ASSOCIATION **CORPORATION** Principal Place of Business Mailing Address 2110 NE 39TH ST 2110 NE 39TH ST FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) Applied For City & State City & State 4. FEI Number 31-4429469 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLLEY, NAOMI E Street Address (P.O. Box Number is Not Acceptable) 2110 NE 39TH ST FT LAUDERDALE FL 33308 Zip Code City 6. 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. NOTE: Registered Agent signature reduited when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TIT1 F Change ☐ Addition HUNSBERGER, JOAN H NAME NAME U00000841870 2520 N.E. 47TH ST. STREET ADDRESS STREET ADDRESS 03/11/08-80005-012 61.25 FT LAUDERDALE FL 33308 CITY - ST - ZIP CITY-ST-ZIP ☐ Delete ncilibbA 🔲 TITLE TITLE ☐ Change HOLLEY, NAOMI E NAME NAME 2110 NE 39TH ST, A10 STREET AUDRESS STREET ADDRESS FT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ dnange Audition 📋 SULLIVAN, MARY J NAME MAME STREET ADDRESS 2110 NE 39TH ST. A6 STREET ACCIPESS CITY-ST-ZIP FT LAUDERDALE FL 33308 CITY-ST-7/P TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Change ☐ Delete TITLE Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiF TITLE Delete Change ☐ Addition ПÏЦ

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

NAME

STREET ADDRESS

CITY-ST-Z:P

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: OHOLINESPICE PAIR TOROH. Hunsbargor 2-22-08 954 4918290