2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007
Secretary of State

DOCUMENT# N05000012420

Entity Name: COSTA DEL SOL OF JACKSONVILLE BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

820 2ND ST SOUTH
UNIT C
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

820 2ND ST SOUTH
UNIT A
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

820 2ND ST SOUTH
UNIT C
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

820 2ND ST SOUTH
UNIT A
JACKSONVILLE BEACH, FL 32250

FEI Number: 20-4026949 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATTERSON, BOND & LATSHAW, P.A.
3010 SOUTH THIRD STREET
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: REAVES, HOLLY
Address: 820 2ND ST SOUTH UNIT A
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DVP ( ) Delete
Name: HASSEN, GEORGE
Address: 820 2ND ST SOUTH UNIT C
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete
Name: HASSEN, CICI
Address: 820 2ND ST SOUTH UNIT C
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOLLY REAVES DPST 03/27/2007

Electronic Signature of Signing Officer or Director — Date