
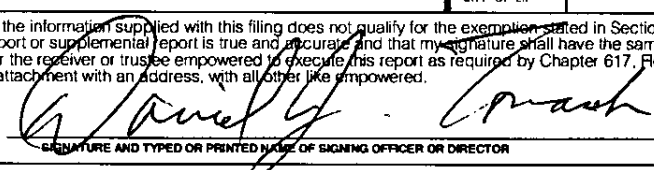


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90203 045 \*\*\*\*61.25

<b>DOCUMENT # N07230</b> 1. Entity Name <b>COSTA DEL SOL HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business 1987 SCENIC GULF DRIVE B-8 MIRAMAR BEACH, FL 32550 US			Mailing Address C/O WILLA MERRIOTT REALTY INC. PO BOX 663 DESTIN, FL 32540 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2777328</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>WILLA MERRIOTT REALTY INC.</b> <b>1021US HWY. 98 EST</b> <b>DESTIN, FL 32541</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>TOMASEK, DANIEL J</b> <b>1987 SCENIC GULF DR., # B-8</b> <b>MIRAMAR BEACH, FL 32550</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>al morris</b> <b>133 Knots Landing Dr</b> <b>Woodstock, Ga 30188</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>JACKSON, JERRY</b> <b>P.O. BOX 7275</b> <b>CHESTNUT MOUNTAIN, GA 30502</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Dan Thomas</b> <b>109 James Dr</b> <b>Hopkinsville, Ky 42240</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete <b>SMART, BURT</b> <b>P.O. BOX 51114</b> <b>LAFAYETTE, LA 70505</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Griffith <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>900 Western Ave.</b> <b>Hammond, La. 70401</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>HALL, DARIUS</b> <b>32476 DUNN RD.</b> <b>DENHAM SPRINGS, LA 70726</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Janie Parks <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1485 Royal Palm Dr.</b> <b>Slidell, La. 70458</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>POSTON, STEVE</b> <b>1101 JUNIPER ST. #1418</b> <b>ATLANTA, GA 30309</b>		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 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.					
<b>SIGNATURE:</b> 			Date: <b>4/25/09</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: <b>920-722 7620</b> <b>850 837 3310</b>		