## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07230

FILED Apr 23, 2007 Secretary of State

Entity Name: COSTA DEL SOL HOMEOWNERS' ASSOCIATION, INC.

Current Pr	incipal Place	of Business:		New Princ	ipal Place o	f Business:	
1987 SCEN B-8	IIC GULF DRI	VE					
MIRAMAR	BEACH, FL 3	2550 US					
Current Ma	ailing Addres	s:		New Mailir	ng Address:		
C/O WILLA PO BOX 66 DESTIN, FI						ST PKWY, W, S23 32550 US	
FEI Number:	59-2777328	FEI Number Applied For ( )	FEI Nun	nber Not Appli	icable ( )	Certificate of Status Desired ( )	)
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Registered Agent:	
WILLA MERRIOT REALTY INC. 1021US HWY. 98 EST DESTIN, FL 32541 US				ECAM 10221 EMERALD COAST PKWY WEST SUITE 23 MIRAMAR BEACH, FL 32550 US			
The above in the State		submits this statement for the p	urpose o	f changing it	s registered	office or registered agent, or b	oth,
SIGNATUR	E: JAY B. GI	ELDER				04/23/2007	
	Electror	ic Signature of Registered Age	nt			Date	
OFFICERS	AND DIREC	TORS:		ADDITION	S/CHANGES	S TO OFFICERS AND DIREC	TORS:
Title: Name: Address: City-St-Zip:	TOMASEK, DAI	GULF DR., # B-8		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( ) PARKS, JANIE 802 MICHIGAN SLIDELL, LA 7			Title: Name: Address: City-St-Zip:	D (X GRIFFITH, JA 900 WESTER HAMMOND, L	N AVENUE	
Title: Name: Address: City-St-Zip:	ST () SMART, BURT P.O. BOX 5111 LAFAYETTE, LA			Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	HALL, DARIUS 32476 DUNN R	Delete D. NGS, LA 70726		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( ) MCDONALD, C PO BOX 1457 CLEVELAND, G			Title: Name: Address: City-St-Zip:	DP () THOMAS, DAN 109 JAMES D HOPKINSVILL	RIVE	
Title: Name: Address: City-St-Zip:	VP () THOMAS, DAN 109 JAMES DR HOPKINSVILLE			Title: Name: Address: City-St-Zip:	DVP () MORRIS, AL 133 KNOTTS WOODSTOCK		

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: DANIEL THOMAS PF 04/23/2007
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