2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40847

FILED Jan 07, 2009 Secretary of State

Entity Name: LA COSTA ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O MIAMI MANAGMENT C/O GRAND PALMS 15805 SW 11 ST 15805 SW 11 ST HOLLYWOOD, FL 33027 PEMBROKE PINES, FL 33027 **Current Mailing Address:** New Mailing Address: C/O MIAMI MANAGMENT C/O GRAND PALMS 15805 SW 11 ST 15805 SW 11 ST HOLLYWOOD, FL 33027 PEMBROKE PINES, FL 33027 FEI Number: 65-0243981 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BECKER AND POLLAKOFF PA NACHMAN, IRVIN 3111 STIRLING RD 4111 STIRLING RD FORT LAUDERDALE, FL 33310 US FORT LAUDERDALE, FL 33314 US 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: IRVIN NACHMAN 01/07/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MARTIN, RONALD Name: Name: 1442 LACOSTA DRIVE EAST Address: Address: City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: PD Title: Title: () Delete () Change () Addition PRICE, LINDA Name: Name: Address: 1505 LACOSTA DR. WEST Address: City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: Title: VPD () Delete Title: VPD (X) Change () Addition GERTNER, HOWARD Name: GERTNER, HOWARD Name: 1580 LACOSTA DRIVE EAST Address: 1580 LACOSTA PRICE EAST Address: City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: PEMBROKE PINES, FL 33027 Title: SD () Delete Title: () Change () Addition Name: HOFFBERGER, ROBYN Name: Address: 1560 LA COSTA DRIVE W. Address: City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: Title: Title: () Delete () Change (X) Addition MARGOL, JOEL Name: Name: 1540 LACOSTA WEST Address: Address: PEMBROKE PINES, FL 33027 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LINDA PRICE PRES 01/07/2009