


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002188 (9)**

1. Corporation Name

HOMEOWNERS AT LA COSTA, INC.



Principal Place of Business 1200 S. PINE ISLAND ROAD SUITE 230 PLANTATION FL 33324 US	Mailing Address C/O RANDOLPH I.F. POTTER 1200 S. PINE ISLAND ROAD PLANTATION FL 33324-4413 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/08/1995	3a. Date of Last Report 04/30/1996
4. FEI Number 65-0578768	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent POTTER, RANDOLPH 1200 S. PINE ISLAND ROAD SUITE 230 PLANTATION FL 33324	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELESTEIN, MARVIN	1.2 NAME	
STREET ADDRESS	16270 LA COSTA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER, RANDOLPH J	2.2 NAME	
STREET ADDRESS	16270 LA COSTA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYDU, LORI	3.2 NAME	
STREET ADDRESS	209 LA COSTA CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDOFF, ELLIOT	4.2 NAME	
STREET ADDRESS	211 LA COSTA CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOPNIALEZ, MIKE	5.2 NAME	
STREET ADDRESS	16091 LA COSTA DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LURIA, RUTH	6.2 NAME	
STREET ADDRESS	16070 LA COSTA DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* *Elliot Medoff* *2/5/97* *9541* *968-3033*

CR2E037 (9/96)