

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 25 1997 8:00am
Secretary of State

DOCUMENT # N96000003922 (9)

1. Corporation Name

LA COSTA VILLAS OF ORLANDO CONDOMINIUM ASSOCIATI
ON INC.

Principal Place of Business

Mailing Address

5837 LA COSTA DRIVE
ORLANDO FL 32807

5837 LA COSTA DRIVE
ORLANDO FL 32807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number

59-3391352

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NASH, EDWARD T JR.
1400 WEST OAK STREET
SUITE "H"
KISSIMMEE FL 34741

81 Name DAVID E. LANGFORD

82 Street Address (P.O. Box Number is Not Acceptable)

5839 LA COSTA DR.

83

84 City ORLANDO

FL

85 Zip Code 32807

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 *David E. Langford* DAVID E. LANGFORD PRESIDENT

9-5-97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME NASH, EDWARD
STREET ADDRESS 1400 WEST OAK STREET, SUITE H
CITY-ST-ZIP KISSIMMEE FL 34741

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME RICHARD BRONCO VICE PRES.
1.3 STREET ADDRESS 5837 LA COSTA DR.
1.4 CITY-ST-ZIP ORLANDO, FL 32807

TITLE D ☒ DELETE
NAME WEAVER, DAVID D SR.
STREET ADDRESS 355 BUENAVENTURA BOULEVARD
CITY-ST-ZIP KISSIMMEE FL 34743

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME ANN MARIE ATAMANUK
2.3 STREET ADDRESS 5839 LA COSTA DR
2.4 CITY-ST-ZIP ORLANDO, FL 32807

TITLE D ☒ DELETE
NAME LANGFORD, DAVID E
STREET ADDRESS POST OFFICE BOX 430633
CITY-ST-ZIP KISSIMMEE FL 34743

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME PRESIDENT/TREASURER
3.3 STREET ADDRESS DAVID E. LANGFORD
3.4 CITY-ST-ZIP 5839 LA COSTA DR
ORLANDO, FL 32807

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 *David E. Langford* SIGNATURE REQUIRED

9-5-97 (405) 281-6917

CR2E037 (4/97)