

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90132 033 ****61.25

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1. Corporation Name

THE LA COSTA OF MIAMI BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

5333 COLLINS AVENUE
MIAMI BEACH FL 33140

Mailing Address

5333 COLLINS AVENUE
MIAMI BEACH FL 33140



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/21/1997

4. FEI Number

65-0639960

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

9. Name and Address of Current Registered Agent

COMPARATO, JAMES
5333 COLLINS AVENUE
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name ANDREW HELLER

82 Street Address (P.O. Box Number is Not Acceptable)
5333 COLLINS AVE, STE 707

83

84 City MIAMI BEACH FL 85 Zip Code 33140

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 BY: [Signature] ITS PRESIDENT

1/13/99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME COMPARATO, JAMES
STREET ADDRESS 5333 COLLINS AVE, STE 707
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE VD ☐ DELETE

NAME PARKINSON, ANTHONY
STREET ADDRESS 5333 COLLINS AVE, #502
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE STD ☒ DELETE

NAME BENHAIM, LIZETTE
STREET ADDRESS 5333 COLLINS AVE, STE 707
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME ANDREW HELLER
1.3 STREET ADDRESS 5333 COLLINS AVE, STE 707
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33140

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE STD ☐ Change ☒ Addition

3.2 NAME IVONNE DEL TORO
3.3 STREET ADDRESS 5333 COLLINS AVE, STE 707
3.4 CITY-ST-ZIP MIAMI BEACH, FL 33140

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

1/13/99 305 861-0075

CR2E037 (11/98)