

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 754320

**Entity Name:** COSTA DEL SOL RESORT CONDOMINIUM ASSOCIATION, IN

**Current Principal Place of Business:**

4220 EL MAR DR.  
LAUDERDALE-BY-THE-SEA, FL 33308

**Current Mailing Address:**

4220 EL MAR DR.  
LAUDERDALE-BY-THE-SEA, FL 33308

**FEI Number:** 59-2231432

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
1 EAST BROWARD BLVD., SUITE 1800  
FT. LAUDERDALE, FL 33301 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BARBARA , TURLEY-MCINTYRE  
Address        134 DIMSON AVE  
City-State-Zip: GUELPH ONTARIO N1G 4P2

Title            VP  
Name            CORNELISON, DAVID  
Address        115 10TH STREET  
City-State-Zip: ST. AUGUSTINE BEACH FL 31080

Title            SECRETARY, TREASURER  
Name            SILVA, ANTHONY  
Address        10 TEAL POND ROAD  
City-State-Zip: NARRAGANSETT RI 02882

Title            DIRECTOR  
Name            GLAZIER, FRED  
Address        109 STRAWBERRY HILL ROAD  
City-State-Zip: BRISTOL CT 06010

Title            DIRECTOR  
Name            ROUSELL, DOUGLAS  
Address        2044 BAKER ROAD  
City-State-Zip: DEXTER MI 48130

*I hereby 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 all other like empowered.*

**SIGNATURE:** BARBARA TURLEY-MCINTYRE

**PRESIDENT**

**04/12/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date