## 2003 NOT-FOR-PROFIT CORPORATION

## May 21, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State DOCUMENT # N0100009051 05-21-2003 90187 031 \*\*\*\*61.25 COSTA DEL MAR CONDOMINIUM ASSOCIATION. INC. Principal Place of Business Mailing Address 7921 HARDING AVE 7921 HARDING AVE MIAMI BCH FL MIAMI BCH FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POZO, ROBERTO E Street Address 19991 W 180 ST **MIAMI FL 33087** City 8. 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. I am familiar with, and accept the obligations of registered agent. ABLEWSKI LEE SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP TITLE Delete TITLE ☐ Addition TABLEWSKI, LEE 7921 HARDING AVE, #301 POZO, ROBERTO NAME NAME STREET ADDRESS 19991 SW 180TH ST STREET ADDRESS MIAMIBEACH, FL 33141 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33187** DVST TITLE ☐ Delete TITLE Addition DYMIGUEL HADDAD TELTSHER, SHARON L NAME NAME 7921 HARDING AVE 19991 SW 180TH ST STREET ADDRESS STREET ADDRESS MIAMI BEACH, FL CITY-ST-ZIP MIAMI FL 33187 CITY-ST-ZIP D: said Said Programmer & DTLYDIA MARINA BANDRECHT TITLE TITLE ☐ Delete POZO, MARIA A NAME NAME 19991 SW 180TH ST STREET ADDRESS STREET ADORESS MIAMI BEACH, FL CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33187** □ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

EEE ATTABLEWSKI, PRESIDENT/OIR 5/19/03

FILED