

DOCUMENT # N18705 (6)

1. Corporation Name

CLUB LA COSTA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
8139
~~8019~~ SW 209 ST
 MIAMI FL 33189
 US

Mailing Address
 8139 SW 209 ST
 MIAMI FL 33189
 US

3. Date Incorporated or Qualified **01/12/1987** 3a. Date of Last Report **04/12/1995**

4. FEI Number **65-0026516** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

ARREBOLA, MANUEL
8139 SW 209 ST
MIAMI FL 33189

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 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 *[Signature]* **PRESIDENT** DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARREBOLA, MANUEL	1.2 NAME	
STREET ADDRESS	8139 SW 209 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANE, BRYAN	2.2 NAME	TD
STREET ADDRESS	8417 SW 210 ST	2.3 STREET ADDRESS	HORTENSIA NUNEZ
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	8419 S.W. 208 ST
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCEWEN, LYLE CRAIG	3.2 NAME	VP.
STREET ADDRESS	20935 S.W. 84TH AVENUE	3.3 STREET ADDRESS	DIANE SUPPERVILLE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	8411 SW 209 ST
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANE, CHANTAL	4.2 NAME	SD
STREET ADDRESS	8417 SW 210 ST.	4.3 STREET ADDRESS	MELBA MOSES
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	20918 SW 81 PI.
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **ARREBOLA JR.** Date **06-25-96** Daytime Phone # **256-8139**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)