

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90903 033 \*\*\*\*70.00

**DOCUMENT # N18705**

1. Entity Name

**CLUB LA COSTA HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

13250 SW 135 AVE  
 MIAMI FL 33186  
 US

13250 SW 135 AVE  
 MIAMI FL 33186  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0026516**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKRLD, INC.**  
**201 ALHAMBRA CIRCLE, SUITE 1102**  
**CORAL GABLES FL 33134**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	EDWARDS, BRAD	
STREET ADDRESS	8414 SW 208 ST	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	S	<input type="checkbox"/> Delete
NAME	FIESELMAN, CHARLI	
STREET ADDRESS	20758 SW 84 AVE	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALEXANDER, JIM	
STREET ADDRESS	8415 SW 210 ST	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	D	<input type="checkbox"/> Delete
NAME	GATES, THOMAS	
STREET ADDRESS	8415 SW 208 TERRACE	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARLETT, DAVE	
STREET ADDRESS	8407 SW 209 ST	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MOORE, PAT	
STREET ADDRESS	8870 SW 186 TERR.	
CITY-ST-ZIP	MIAMI FL 33157	

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMANO, LOUIS	
STREET ADDRESS	20756 SW 81 PL	
CITY-ST-ZIP	MIAMI, FL 33189	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETANCOURT, MARIO	
STREET ADDRESS	20728 SW 82 Ave	
CITY-ST-ZIP	MIAMI, FL 33189	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATES, THOMAS	
STREET ADDRESS	8415 SW 208 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33189	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: \_\_\_\_\_

*Signature of Brad Edwards*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Brad Edwards, Pres. 4.8.02 305233-2723**

CR2E037 (9/01)