


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90040 025 \*\*\*\*70.00

**DOCUMENT # N18705**  
 1. Entity Name  
**CLUB LA COSTA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business 13250 SW 135 AVE MIAMI, FL 33186 US	Mailing Address 13250 SW 135 AVE MIAMI, FL 33186 US
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40005976



01062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0026516	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARDS, BRAD 8414 SW 208 ST MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FIESELMAN, CHARLI 20758 SW 84 AVE MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IRIZARRY, WILLIAM 20994 SW 34 AVE MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMANCHIO, HEATHER 8134 SW 209 ST MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GATES, THOMAS 8415 SW 208 TERRACE MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** E. Brad Edwards E. Brad Edwards 01.17.05 305.594.3888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #