


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90023 006 ****70.00

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|--|---------------------|--|---|---|--|
| 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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0026516 | |
| Zip | Country | Zip | Country | Applied For Not Applicable | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee Is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | EDWARDS, BRAD | | NAME | BAER, ROBERT | |
| STREET ADDRESS | 8414 SW 208 ST | | STREET ADDRESS | 8401 SW 209 ST | |
| CITY-ST-ZIP | MIAMI, FL 33189 | | CITY-ST-ZIP | MIAMI FL 33189 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FIESELMAN, CHARLI | | NAME | BRUNT, SAMUEL | |
| STREET ADDRESS | 20758 SW 84 AVE | | STREET ADDRESS | 8408 SW 208 ST | |
| CITY-ST-ZIP | MIAMI, FL 33189 | | CITY-ST-ZIP | MIAMI FL 33189 | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | IRIZARRY, WILLIAM | | NAME | | |
| STREET ADDRESS | 20994 SW 34 AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33189 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TOMANCHIO, HEATHER | | NAME | | |
| STREET ADDRESS | 8134 SW 209 ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33189 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GATES, THOMAS | | NAME | | |
| STREET ADDRESS | 8415 SW 208 TERRACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33189 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>E. Brad Edwards</u> E. Brad Edwards 2-24-06 305-254-3888 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Daytime Phone # | |