

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18705

FILED
Mar 09, 2009
Secretary of State

Entity Name: CLUB LA COSTA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

13250 SW 135 AVE
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

13250 SW 135 AVE
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 65-0026516 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EDWARDS, BRAD
Address: 8414 SW 208 ST
City-St-Zip: MIAMI, FL 33189

Title: D () Delete
Name: BAER, ROBERT
Address: 8401 SW 209 ST
City-St-Zip: MIAMI, FL 33189

Title: VP () Delete
Name: IRIZARRY, WILLIAM
Address: 20994 SW 34 AVE
City-St-Zip: MIAMI, FL 33189

Title: SD () Delete
Name: WOLCOFF, CAROL
Address: 8401 SW 209 ST
City-St-Zip: MIAMI, FL 33189

Title: TD () Delete
Name: GATES, THOMAS
Address: 8415 SW 208 TERRACE
City-St-Zip: MIAMI, FL 33189

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: EDWARDS, BRAD MR
Address: 8414 SW 208 ST
City-St-Zip: MIAMI, FL 33189 US

Title: D (X) Change () Addition
Name: BAER, ROBERT MR
Address: 8401 SW 209 ST
City-St-Zip: MIAMI, FL 33189 US

Title: PD (X) Change () Addition
Name: IRIZARRY, WILLIAM MR
Address: 20994 SW 84 AVE
City-St-Zip: MIAMI, FL 33189 US

Title: SD (X) Change () Addition
Name: WOLCOFF, CAROL MS
Address: 8138 SW 209 ST
City-St-Zip: MIAMI, FL 33189 US

Title: VP (X) Change () Addition
Name: VENEGA, LEONARDO MR
Address: 20940 SW 83 AVENUE
City-St-Zip: MIAMI, FL 33189 US

Title: TD () Change (X) Addition
Name: FRIEDMAN, SHIRLEY MS
Address: 20981 SW 83 AVENUE
City-St-Zip: MIAMI, FL 33189 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM IRIZARRY

PD

03/09/2009

Electronic Signature of Signing Officer or Director

Date