

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18705

FILED
Mar 20, 2012
Secretary of State

Entity Name: CLUB LA COSTA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O COURTESY PROPERTY MANAGEMENT
13250 SW 135 AVE
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

C/O COURTESY PROPERTY MANAGEMENT
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
Name: EDWARDS, BRAD MR
Address: 8414 SW 208 ST
City-St-Zip: MIAMI, FL 33189 US

Title: TD
Name: GATES, THOMAS MR
Address: 8415 SW 208 TERRACE
City-St-Zip: MIAMI, FL 33189 US

Title: VPD
Name: IRIZARRY, WILLIAM MR
Address: 20994 SW 84 AVE
City-St-Zip: MIAMI, FL 33189 US

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

Title: D
Name: FOLTAN, MARTIN MR
Address: 20805 SW 83 AVENUE
City-St-Zip: MIAMI, FL 33189 US

Title: D
Name: GUZMAN, JUAN MR
Address: 8141 SW 209 DTREET
City-St-Zip: MIAMI, FL 33189 US

I hereby 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 all other like empowered.

SIGNATURE: BRAD EDWARDS

PD

03/20/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date