

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000000117 (1)**

1. Corporation Name

**COSTA VERDE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

700 N.W. 107 AVENUE  
MIAMI FL 33172

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MIAMI FL 33172

3. Date Incorporated or Qualified **01/10/1994**      3a. Date of Last Report **02/27/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>65-0518533</b>	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

**10. Name and Address of New Registered Agent**

~~WATSKY, MORRIS J  
700 N.W. 107 AVENUE  
MIAMI FL 33172~~

81	Name	<b>CARLOS A. TRIAY</b>
82	Street Address (P.O. Box Number is Not Acceptable)	<b>999 Ponce de Leon Blvd.</b>
83		<b>Suite 1110</b>
84	City	<b>Miami</b>
	State	<b>FL</b>
	Zip Code	<b>33134</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, and the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0505, Florida Statutes.

SIGNATURE

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

NOTE: Registered Agent signature required when reinstating

**11/31/96**

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>PD</b>
NAME	<b>SANTORIO, CARMEN</b>	1.2 NAME	<b>EISENMAN, TOREY</b>
STREET ADDRESS	<b>730 NW 107 AVENUE</b>	1.3 STREET ADDRESS	<b>730 NW 107 AVE</b>
CITY-STATE-ZIP	<b>MIAMI FL 33172</b>	1.4 CITY-STATE-ZIP	<b>MIAMI FL 33172</b>
TITLE	<b>VD</b>	2.1 TITLE	
NAME	<b>HUTSON, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>730 N.W. 107 AVENUE</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MIAMI FL 33172</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>STD</b>	3.1 TITLE	
NAME	<b>GEARY, DENISE</b>	3.2 NAME	
STREET ADDRESS	<b>730 N.W. 107 AVENUE</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MIAMI FL 33172</b>	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)