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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

700 N.W. 107 AVENUE
MIAMI FL 33172-3161

3. Date Incorporated or Qualified
01/10/1994

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 C/O MIAMI MANAGEMENT INC

26 C/O MIAMI MANAGEMENT INC.

4. FEI Number
65-0518533

Applied For

Not Applicable

Suite, Apt #, etc

Suite, Apt #, etc.

22 14275 SW 142 AVENUE

27 14275 SW 142 AVENUE

City & State

City & State

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

Zip

Country

Zip

Country

24 33186

25

29 33186

30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRIAY, CARLOS A
999 PONCE DE LEON BLVD
SUITE 1110
MIAMI FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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. Such 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME EISENMANN, TOREY
STREET ADDRESS 730 NW 107 AVENUE
CITY - ST - ZIP MIAMI FL

1.1 TITLE PD Change Addition
1.2 NAME Jimenez, Javier
1.3 STREET ADDRESS 9827 NW 32 Street
1.4 CITY - ST - ZIP Miami, FL 33172

TITLE VD DELETE
NAME HUTSON, ROBERT
STREET ADDRESS 730 N.W. 107 AVENUE
CITY - ST - ZIP MIAMI FL 33172

2.1 TITLE VD Change Addition
2.2 NAME Lynch, Edward
2.3 STREET ADDRESS 2901 NW 97 Court
2.4 CITY - ST - ZIP Miami FL 33172

TITLE STD DELETE
NAME GEARY, DENISE
STREET ADDRESS 730 N.W. 107 AVENUE
CITY - ST - ZIP MIAMI FL 33172

3.1 TITLE SD Change Addition
3.2 NAME Carratala, Leslie
3.3 STREET ADDRESS 9941 NW 32 Street
3.4 CITY - ST - ZIP Miami FL 33172

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE TD Change Addition
4.2 NAME Arguelles, Francisco
4.3 STREET ADDRESS 3137 NW 99 Avenue
4.4 CITY - ST - ZIP Miami FL 33172

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE D Change Addition
5.2 NAME Delfino, Pedro
5.3 STREET ADDRESS 9911 NW 30 Street
5.4 CITY - ST - ZIP Miami FL 33172

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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:

FRANCISCO ARGUELLES - Treasurer

03-05-97

305-378-0130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0032643

CR2E037 (9/96)