


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90166 046 ****61.25

DOCUMENT # N94000000117

1. Entity Name
COSTA VERDE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**C/O MIAMI MGMT INC.
 14275 SW 142 AVE
 MIAMI, FL 33186 US**

Mailing Address
**C/O GUARANTEE MGMT
 6925 NW 42ND STREET
 MIAMI, FL 33166 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

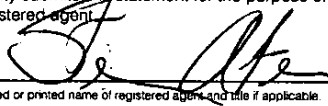
City & State

Zip Country

6. Name and Address of Current Registered Agent
**BREITHER, PAUL
 200 S BISCAYNE BLVD, #1800
 SAINT PETERSBURG, FL 33731**

7. Name and Address of New Registered Agent
 Name: **Steven Fein**
 Street Address (P.O. Box Number is Not Acceptable): **900 South State Rd. 7**
 City: **Plantation** FL Zip Code: **33317**

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:  (NOTE: Registered Agent signature required when reinstating)

DATE: **4/18/06**


Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD KHILANI, VINEET 9911 NW 30 ST. MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TIMIRAO VICENTE 9937 NW 31 Street Miami, FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPEZ, ROSA 9930 NW 32 ST. MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALTER, JAMES 9768 NW 30 Street Miami, FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DE PAZOS, JOHN 2929 NW 98 PL MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  (NOTE: Registered Agent signature required when reinstating)

DATE: **4-19-06**

Daytime Phone #

40065423



04122006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0518533

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required