

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT


FILED

2007 DEC 21 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12132007 Chg-NP CR2E037 (12/06)

DOCUMENT # N97000000996					
1. Entity Name THE LA COSTA OF MIAMI BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5333 COLLINS AVENUE MANAGEMENT OFFICE MIAMI BEACH, FL 33140 US			Mailing Address 5333 COLLINS AVE. MANAGEMENT OFFICE MIAMI BEACH, FL 33140 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0639960	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SKRLD, INC. 201 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCOLLIES, YOLANDA		NAME	SIEVE MARIN	
STREET ADDRESS	5333 COLLINS AVE # 1106		STREET ADDRESS	5333 COLLINS AVE # 205	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	SEC	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JOSE M		NAME	GLORIA FERNANDEZ	
STREET ADDRESS	5333 COLLINS AVE #1211		STREET ADDRESS	5333 COLLINS AVENUE # 401	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URIBARRI, MARCELINO		NAME	PAUL SISKKA	
STREET ADDRESS	5333 COLLINS AVENUE #1408		STREET ADDRESS	5333 COLLINS AVENUE # 1108	
CITY-ST-ZIP	MIAMI BEACH, FL		CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	ATR	<input checked="" type="checkbox"/> Delete	TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCHI, RAFAEL		NAME	CARLOS BENITEZ #709	
STREET ADDRESS	5333 COLLINS AVE # 402		STREET ADDRESS	5333 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VICE-SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEGRIN, MARIA ELENA		NAME	FLORINDA LUIS #209	
STREET ADDRESS	5333 COLLINS AVE. #1406		STREET ADDRESS	5333 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>CARLOS BENITEZ, Sec./Duch</u> 12/17/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 305-301-7814					