

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90034 022 ****61.25



DOCUMENT # N99000002692
1. Entity Name
COSTA BRAVA ASSOCIATION, INC.

Principal Place of Business Mailing Address
300 ARAGON AVENUE **300 ARAGON AVENUE**
SUITE 210 **SUITE 210**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0922382 Not Applicable

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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
CAINZOS, ROGELIO
C/O GABLES PROFESSIONAL MANAGEMENT CO.
300 ARAGON AVE STE 210
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
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 _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE NAME	DP AZCOITIA, MAITE	<input type="checkbox"/> Delete
STREET ADDRESS	4857 NW 108TH CT.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE NAME	DT KEHEL, JAMES R	<input type="checkbox"/> Delete
STREET ADDRESS	4842 NW 107TH PLACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE NAME	DS MARQUEZ, MARIANO	<input type="checkbox"/> Delete
STREET ADDRESS	4877 NW 108TH CT.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE NAME	VP LOCKHART, JOSE V	<input type="checkbox"/> Delete
STREET ADDRESS	10861 NW 48TH LANE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE NAME	D FABREGA, EVISABEL	<input type="checkbox"/> Delete
STREET ADDRESS	4873 NW 108TH PATH	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Janss, Kettel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #