

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90004 020 ****70.00

DOCUMENT # 719979

1. Entity Name
COSTA BRAVA CONDOMINIUM OF BELLE ISLE, INC.



Principal Place of Business
**COSTA BRAVA CONDOMINIUM OFFICE
11 ISLAND AVE
MIAMI BEACH, FL 33139**

Mailing Address
**COSTA BRAVA CONDOMINIUM OFFICE
11 ISLAND AVE
MIAMI BEACH, FL 33139**

34056781



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05062004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1425517

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROGEL, DAVID H
BECKER & POLLIAKOFF, P.A.
5201 BLUE LAGOON DRIVE, SUITE 100
MIAMI, FL 33126**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 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
STREET ADDRESS
CITY-ST-ZIP
**P
FREEMAN, RICHARD
11 ISLAND AVENUE # 711
MIAMI BEACH, FL 33139** ☒ Delete ☒ CHANGE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
GLOGOWER, MICHAEL
11 ISLAND AVENUE # 1012
MIAMI BEACH, FL 33139** ☐ Delete ☒ CHANGE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ABBOTT, ADA
11 ISLAND AVENUE #PHE
MIAMI BEACH, FL 33139** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
FEINER, JUDY
11 ISLAND AVE, #908
MIAMI BEACH, FL 33139** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FERRARA, FRANK
11 ISLAND AVENUE #412
MIAMI BEACH, FL 33139** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NEINKEN, RUTH
11 ISLAND AVENUE #1102
MIAMI BEACH, FL 33139** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
FREEMAN, RICHARD
11 ISLAND AVENUE # 711
MIAMI BEACH, FL 33139** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER
REIBEL, HARRIS
11 ISLAND AVENUE # 2102
MIAMI BEACH, FL 33139** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARNETT, HELENE
11 ISLAND AVENUE # 401
MIAMI BEACH, FL 33139** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

RICHARD A. FREEMAN

6-1-04

305 532-6397

Date

Daytime Phone #