

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 722159

FILED  
Apr 15, 2003  
Secretary of State

Entity Name: LA COSTA BRAVA CONDOMINIUM NO. 1, INC.

## Current Principal Place of Business:

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

## New Principal Place of Business:

## Current Mailing Address:

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

## New Mailing Address:

FEI Number: 59-1484349

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REARDON, MAUREEN C  
4151 WOODLAND PARKWAY  
PALM HARBOR, FL 34685

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: COLON, PETER  
Address: 505 PLAZA SEVILLE COURT #110  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: PD ( ) Delete  
Name: STEWART, VIOLET  
Address: 509 PLAZA SEVILLE CT #20  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VD ( ) Delete  
Name: EYNATTEN, ROBERT  
Address: 507 PLAZA SEVILLE CT # 16  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: SD ( ) Delete  
Name: WRIGHT, SHARLEEN  
Address: 521 PLAZA SEVILLE CT #42  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D ( ) Delete  
Name: BABOR, NORMAN  
Address: 507 PLAZA SEVILLE CT. #13  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: TD ( ) Delete  
Name: JACKSON, BOB  
Address: 538 PLAZA SEVILLE CT # 72  
City-St-Zip: TREASURE ISLAND, FL 33706

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIOLET STEWART

PD

04/15/2003

Electronic Signature of Signing Officer or Director

Date

TOM DAVENPORT, DIRECTOR  
515 PLAZA SEVILLE CT #29  
TREASURE ISLAND, FL 33706