

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 719979

**Entity Name:** COSTA BRAVA CONDOMINIUM OF BELLE ISLE, INC.**Current Principal Place of Business:**COSTA BRAVA CONDOMINIUM OFFICE  
11 ISLAND AVE  
MIAMI BEACH, FL 33139**Current Mailing Address:**COSTA BRAVA CONDOMINIUM OFFICE  
11 ISLAND AVE  
MIAMI BEACH, FL 33139**FEI Number:** 59-1425517**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DELACAMARA, ROSA  
BECKER & POLLIAKOFF, P.A.  
121 ALHAMBRA PLAZA, SUITE 100  
CORAL GABLES, FL 33134 US*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

**Officer/Director Detail :**

Title           TREASURER  
Name           ROOT, RUSSELL  
Address       11 ISLAND AVE #MGMT OFFICE  
City-State-Zip: MIAMI BEACH FL 33139

Title           VP  
Name           BARRIOS, NELIDA  
Address       11 ISLAND AVE #MGMT OFFICE  
City-State-Zip: MIAMI BEACH FL 33139

Title           SECRETARY  
Name           FREEMAN, LYNN  
Address       11 ISLAND AVE MGMT OFFICE  
City-State-Zip: MIAMI BEACH FL 33139

Title           PRESIDENT  
Name           PHILLIPS, DAVID  
Address       11 ISLAND AVE #MGMT OFFICE  
City-State-Zip: MIAMI BEACH FL 33139

Title           DIRECTOR  
Name           SNIDER, RANDY  
Address       11 ISLAND AVE #MGMT OFFICE  
City-State-Zip: MIAMI BEACH FL 33139

Title           DIRECTOR  
Name           OSTROW, ANDREW  
Address       11 ISLAND AVENUE MGMT OFFICE  
City-State-Zip: MIAMI BEACH FL 33139

Title           DIRECTOR  
Name           WALLACE-ALBERT, STACY  
Address       11 ISLAND AVE #MGMT OFFICE  
City-State-Zip: MIAMI BEACH FL 33139

*I hereby 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 all other like empowered.*

**SIGNATURE:** DAVID PHILLIPS

PRESIDENT

02/19/2015

Electronic Signature of Signing Officer/Director Detail

Date