2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722159

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

FILED Apr 19, 2024 Secretary of State 9037551539CC

Current Principal Place of Business:

10033 DR. MARTIN LUTHER KING ST N

300

SAINT PETERSBURG, FL 33716

Current Mailing Address:

10033 DR. MARTIN LUTHER KING ST N

300

SAINT PETERSBURG, FL 33716 US

FEI Number: 59-1484349 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PROFESSIONAL BAYWAY MANAGEMENT 10033 DR. MARTIN LUTHER KING ST N 300

SAINT PETERSBURG, FL 33716 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: BLAIR NEWTON 04/19/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Ν

Title PRESIDENT Title SECRETARY

Name LASKOWSKI, KATHRYN Name HOLMLUND, DANICA

Address 10033 DR. MARTIN LUTHER KING ST Address 10033 DR. MARTIN LUTHER KING ST

N

300

City-State-Zip: SAINT PETERSBURG FL 33716 City-State-Zip: SAINT PETERSBURG FL 33716

Title VP Title TREASURER

Name PERCE, ANDREA Name PIPER, DENNIS

Address 10033 DR. MARTIN LUTHER KING ST Address 10033 DR. MARTIN LUTHER KING ST N

City-State-Zip: SAINT PETERSBURG FL 33716 City-State-Zip: SAINT PETERSBURG FL 33716

Title VP Title DIRECTOR

Name O'CONNOR, KEVIN Name MALLEY, BOB

Address 10033 DR. MARTIN LUTHER KING ST Address 10033 DR. MARTIN LUTHER KING ST N

300

City-State-Zip:

SAINT PETERSBURG FL 33716

Title DIRECTOR

City-State-Zip:

Address

10033 DR. MARTIN LUTHER KING ST

SAINT PETERSBURG FL 33716

Name SECOR, CAROLYN

N 300

above, or on an attachment with all other like empowered.

City-State-Zip: SAINT PETERSBURG FL 33716

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

SIGNATURE: KATHRYN LASKOWSKI PRES 04/19/2024