

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400000117

FILED
Jan 28, 2023
Secretary of State
5289083894CC

Entity Name: COSTA VERDE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O CAM BROKERAGE & MANAGEMENT
3750 NW 87 AVE SUITE 260
DORAL, FL 33172

Current Mailing Address:

C/O CAM BROKERAGE & MANAGEMENT
3750 NW 87 AVE SUITE 260
DORAL, FL 33172 US

FEI Number: 65-0518533

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BASULTO ROBBINS & ASSOCIATES, LLP
14160 N.W. 77TH COURT, SUITE 22
MIAMI LAKES, FL 33016-1506 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 PRESIDENT
Name BALTER, JAMES
Address C/O CAM BROKERAGE &
 MANAGEMENT
 3750 NW 87 AVE SUITE 260
City-State-Zip: DORAL FL 33172

Title DIRECTOR
Name LOPEZ, ROSA
Address C/O CAM BROKERAGE &
 MANAGEMENT
 3750 NW 87 AVE SUITE 260
City-State-Zip: DORAL FL 33172

Title DIRECTOR
Name STRATTA, JUAN DOMINGO
Address C/O CAM BROKERAGE &
 MANAGEMENT
 3750 NW 87 AVE SUITE 260
City-State-Zip: DORAL FL 33172

Title TREASURER
Name GUERRA, MERCY
Address C/O CAM BROKERAGE &
 MANAGEMENT
 3750 NW 87 AVE SUITE 260
City-State-Zip: DORAL FL 33172

Title DIRECTOR
Name VALDESUSO, MARCIA
Address C/O CAM BROKERAGE &
 MANAGEMENT
 3750 NW 87 AVE SUITE 260
City-State-Zip: DORAL FL 33172

Title VP
Name WETZEL, STEVEN L.
Address C/O CAM BROKERAGE &
 MANAGEMENT
 3750 NW 87 AVE SUITE 260
City-State-Zip: DORAL FL 33172

Title SECRETARY
Name RESTREPO, ANDRES
Address C/O CAM BROKERAGE &
 MANAGEMENT
 3750 NW 87 AVE SUITE 260
City-State-Zip: DORAL FL 33172

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: BALTER, JAMES

PRESIDENT

01/28/2023

Electronic Signature of Signing Officer/Director Detail

Date