

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N9400000117

**FILED**  
**Mar 23, 2018**  
**Secretary of State**  
**CC7783100233**

**Entity Name:** COSTA VERDE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ALLIED PROPERTY GROUP, INC.  
12350 SW 132 COURT., SUITE 114  
MIAMI, FL 33186

**Current Mailing Address:**

C/O ALLIED PROPERTY GROUP, INC.  
12350 SW 132 COURT., SUITE 114  
MIAMI, FL 33186 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           TREASURER  
Name           CASTRO, LETICIA  
Address        12350 SW 132ND COURT, SUITE 114  
City-State-Zip: MAMI FL 33186

Title           VP  
Name           PEREZ, HORTENSIA  
Address        12350 SW 132ND COURT, SUITE 114  
City-State-Zip: MIAMI FL 33186

Title           SECRETARY  
Name           VERA, JOSIE  
Address        12350 SW 132ND COURT  
                  SUITE 114  
City-State-Zip: MIAMI FL 33186

Title           D  
Name           VALDESUSO, MARCIA  
Address        12350 SW 132ND COURT  
                  SUITE 114  
City-State-Zip: MIAMI FL 33186

Title           PRESIDENT  
Name           RENGIFO, CONNIE  
Address        12350 SW 132ND COURT  
                  SUITE 114  
City-State-Zip: MIAMI FL 33186

Title           DIRECTOR  
Name           OREA, DIANA  
Address        C/O ALLIED PROPERTY GROUP, INC.  
                  12350 SW 132 COURT., SUITE 114  
City-State-Zip: MIAMI FL 33186

Title           DIRECTOR  
Name           STRATTA, JUAN  
Address        C/O ALLIED PROPERTY GROUP, INC.  
                  12350 SW 132 COURT., SUITE 114  
City-State-Zip: MIAMI FL 33186

*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: CONNIE RENGIFO**

**PRESIDENT**

**03/23/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date