

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719979

FILED
Feb 17, 2010
Secretary of State

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

New Principal Place of Business:

Current Mailing Address:

COSTA BRAVA CONDOMINIUM OFFICE
11 ISLAND AVE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 59-1425517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELACAMARA, ROSA
BECKER & POLLIAKOFF, P.A.
121 ALHAMBRA PLAZA, SUITE 100
CORAL GABLES, FL 33134 US

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: T
Name: REIBEL, HARRIS
Address: 11 ISLAND AVE #2102
City-St-Zip: MIAMI BEACH, FL 33139

Title: S
Name: OROVITZ, MARCIA
Address: 11 ISLAND AVENUE #907
City-St-Zip: MIAMI BEACH, FL 33139

Title: D
Name: BARRIOS, NELLIE
Address: 11 ISLAND AVE #1810
City-St-Zip: MIAMI BEACH, FL 33139

Title: P
Name: FERRARA, FRANK
Address: 11 ISLAND AVE #412
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP
Name: GRAHAM, CATHIE
Address: 11 ISLAND AVENUE #PHE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D
Name: FREEMAN, LYNN
Address: 11 ISLAND AVE
City-St-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: FRANK FERRARA

P

02/17/2010

Electronic Signature of Signing Officer or Director

_____ Date