

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722159

FILED
Apr 11, 2007
Secretary of State

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

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 59-1484349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLAND PARKWAY
PALM HARBOR, FL 34685 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: PD () Delete
Name: COLON, PETER
Address: 505 PLAZA SEVILLE COURT #110
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D () Delete
Name: DEEGAN, KAY
Address: 534 PLAZA SEVILLE CT #63
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VPD () Delete
Name: EYNATTEN, ROBERT
Address: 507 PLAZA SEVILLE CT # 16
City-St-Zip: TREASURE ISLAND, FL 33706

Title: SD () Delete
Name: WRIGHT, SHARLEEN
Address: 521 PLAZA SEVILLE CT #42
City-St-Zip: TREASURE ISLAND, FL 33706

Title: TD () Delete
Name: BABOR, NORMAN
Address: 507 PLAZA SEVILLE CT. #13
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D () Delete
Name: MCDERMOTT, ALAN
Address: 521 PLAZA SEVILLE CT # 13
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PETE COLON

PD

04/11/2007

Electronic Signature of Signing Officer or Director

Date