

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

04-09-2008 90039 037 ****61.25

DOCUMENT # 729233
 1. Entity Name
COSTA DEL SOL ASSOCIATION, INC.



Principal Place of Business
ONE COSTA DEL SOL BLVD
DORAL, FL 33178

Mailing Address
ONE COSTA DEL SOL BLVD
DORAL, FL 33178

66009934



2. Principal Place of Business - No P.O. Box #
 3. Mailing Address

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

04252008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1804186

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COSTALES - ABISEID, ANA CPA
6020 SW 40TH STREET
MIAMI, FL 33155-5255

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SD	FIGUEROA-BORGEN, AMALIA	<input checked="" type="checkbox"/> Delete
NAME	ONE COSTA DEL SOL BLVD.	
STREET ADDRESS	DORAL, FL 33175	
CITY-ST-ZIP		
TITLE P	LOPEZ, ISABEL	<input type="checkbox"/> Delete
NAME	ONE COSTA DEL SOL BLVD	
STREET ADDRESS	DORAL, FL 33178	
CITY-ST-ZIP		
TITLE VD	GAMUNOI, ANA	<input checked="" type="checkbox"/> Delete
NAME	ONE COSTA DEL SOL BLVD.	
STREET ADDRESS	DORAL, FL 33178	
CITY-ST-ZIP		
TITLE TD	GONZALES, GEORGINA	<input type="checkbox"/> Delete
NAME	ONE COSTA DEL SOL BLVD.	
STREET ADDRESS	DORAL, FL 33178	
CITY-ST-ZIP		
TITLE ASD	RAVCLO, ALBERTO	<input checked="" type="checkbox"/> Delete
NAME	ONE COSTA DEL SOL	
STREET ADDRESS	DORAL, FL 33178	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD	GLASS, SUSAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ONE COSTA DEL SOL BLVD	
STREET ADDRESS	DORAL, FL 33178	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE VD	WILDMAN, TIM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ONE COSTA DEL SOL BLVD	
STREET ADDRESS	DORAL, FL 33178	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE ASD	FERGUSON JAMES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ONE COSTA DEL SOL BLVD	
STREET ADDRESS	DORAL, FL 33178	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		


12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/25/08** Daytime Phone #: **305 592 2292**

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # 729233 1. Entity Name COSTA DEL SOL ASSOCIATION, INC.			
Principal Place of Business 1 COSTA DEL SOL BLVD MIAMI, FL 33178		Mailing Address 1 COSTA DEL SOL BLVD MIAMI, FL 33178	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 59-1804186		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKRLD, INC 201 ALHAMBRA CIRCLE STE 1102 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.		SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete FIGUEROA-BORGEN, AMALIA ONE COSTA DEL SOL BLVD. DORAL, FL 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUSAN Glass One Costa Del Sol Blvd. Doral, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete LOPEZ, ISABEL ONE COSTA DEL SOL BLVD DORAL, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete GAMUNOI, ANA ONE COSTA DEL SOL BLVD. DORAL, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TIM WILDMAN One Costa Del Sol Blvd. Doral, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete GONZALES, GEORGINA ONE COSTA DEL SOL BLVD. DORAL, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD <input checked="" type="checkbox"/> Delete RAVCLO, ALBERTO ONE COSTA DEL SOL DORAL, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant of ^{Secretary} <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JIM Ferguson one Costa Del Sol Blvd Doral, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		_____ <small>Date Daytime Phone #</small>	

66009934

ATTACHMENT
ATTACHMENT
#729233

66009934



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Detail by Entity Name

Florida Non Profit Corporation

COSTA DEL SOL ASSOCIATION, INC.

Filing Information

Document Number 729233
FEI Number 591804186
Date Filed 04/03/1974
State FL
Status ACTIVE
Last Event AMENDMENT
Event Date Filed 03/10/1994
Event Effective Date NONE

Principal Address

1 COSTA DEL SOL BLVD
MIAMI FL 33178

Changed 03/21/1984

Mailing Address

1 COSTA DEL SOL BLVD
MIAMI FL 33178

Changed 03/21/1984

Registered Agent Name & Address

SKRLD, INC
201 ALHAMBRA CIRCLE
STE 1102
CORAL GABLES FL 33134 US

Name Changed: 02/24/2000

Address Changed: 02/24/2000

Officer/Director Detail

Name & Address

Title SD
FIGUEROA-BORGEN, AMALIA
ONE COSTA DEL SOL BLVD.
DORAL FL 33175

Title P

LOPEZ, ISABEL
ONE COSTA DEL SOL BLVD

ATTACHMENT

729233

66009934

DORAL FL 33178

Title VD

GAMUNOI, ANA
ONE COSTA DEL SOL BLVD.
DORAL FL 33178

Title TD

GONZALES, GEORGINA
ONE COSTA DEL SOL BLVD.
DORAL FL 33178

Title ASD

RAVCLO, ALBERTO
ONE COSTA DEL SOL
DORAL FL 33178

Annual Reports

Report Year	Filed Date
2005	01/18/2005
2006	01/17/2006
2007	03/12/2007

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