

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004338

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: COSTA BONITA HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

4852 NW 112TH AVE  
MIAMI, FL 33178

**New Principal Place of Business:**

4852 NW 112TH AVE  
MIAMI, FL 33178 US

**Current Mailing Address:**

300 ARAGON AVE  
STE 205  
MIAMI, FL 33134

**New Mailing Address:**

300 ARAGON AVENUE  
STE 210  
CORAL GABLES, FL 33134 US

FEI Number: 65-1022074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAINZOS, ROGELIO  
300 ARAGON AVENUE  
STE 205  
MIAMI, FL 33134 US

**Name and Address of New Registered Agent:**

SANCHEZ, JUAN A PA  
10251 SUNSET DRIVE  
A106  
MIAMI, FL 33173 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: JUAN A SANCHEZ

03/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: HECTOR, ROBERTS  
Address: 4864 NKI 113 PL  
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete  
Name: VABLEZ, HECTOR  
Address: 11261 NKI 4B TERR  
City-St-Zip: MIAMI, FL 33178

Title: P ( ) Delete  
Name: VAZQUIZ, RAMON  
Address: 4811 NW 12TH CT  
City-St-Zip: DORAL, FL 33178

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: VAZQUEZ, RAMON  
Address: 4811 NW 112 COURT  
City-St-Zip: DORAL, FL 33178 US

Title: VPD (X) Change ( ) Addition  
Name: CABRERA, JOSE  
Address: 11360 NW 48 TERRACE  
City-St-Zip: DORAL, FL 33178 US

Title: TD (X) Change ( ) Addition  
Name: DE LA FUENTE, EMILIANO  
Address: 4853 NW 113 PLACE  
City-St-Zip: DORAL, FL 33178 US

Title: SD ( ) Change (X) Addition  
Name: ROBLES, HECTOR  
Address: 4864 NW 113 PLACE  
City-St-Zip: DORAL, FL 33178 US

I hereby certify that the information supplied with this filing does not qualify 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: RAMON VAZQUEZ

PD

03/20/2009

Electronic Signature of Signing Officer or Director

Date