

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90183 032 \*\*\*\*61.25

**DOCUMENT # N00000004338**

1. Entity Name  
**COSTA BONITA HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**7270 NW 12 STREET SUITE 410  
MIAMI FL 33126**

Mailing Address  
**7270 NW 12 STREET SUITE 410  
MIAMI FL 33126**

80023269



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**4852 NW 112<sup>th</sup> Ave**

3. Mailing Address  
**300 Aragon Ave  
Suite 205**

City & State  
**Miami FL**

City & State  
**Coral Gables, FL**

4. FEI Number **65-1022074**

Applied For  
Not Applicable

Zip  
**33178**

Country  
**USA**

Zip  
**33134**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALBA-REILLY, KEYLA  
7270 NW 12 STREET SUITE 410  
MIAMI FL 33126**

Name **Rogelio Cainzos**  
Street Address (P.O. Box Number is Not Acceptable)  
**300 Aragon Avenue  
Suite 205**  
City **Coral Gables FL** Zip Code **33134**

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 **Rogelio Cainzos**

**1/15/03**  
DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LLANO, CESAR</b> <b>7270 NW 12 STREET SUITE 410</b> <b>MIAMI FL 33126</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JANF, MARK</b> <b>7270 NW 12 STREET SUITE 410</b> <b>MIAMI FL 33126</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALBA-REILLY, KEYLA</b> <b>7270 NW 12 STREET SUITE 410</b> <b>MIAMI FL 33126</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/Pres.</b> <b>Ramon Vazquez</b> <b>4811 N.W. 112 COURT</b> <b>MIAMI, FL. 33178</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/VP</b> <b>Eduardo Ross</b> <b>11310 NW 48 Terrace</b> <b>Miami FL 33178</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/Sec.</b> <b>Fernando Cancino</b> <b>11231 NW 48 Terrace</b> <b>Miami FL 33178</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/Trea.</b> <b>Emiliano De la Fuente</b> <b>4853 NW 113 Place</b> <b>Miami FL 33178</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Mikel Leizaola</b> <b>11300 NW 48 Terrace</b> <b>Miami FL 33178</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: **RAMON VAZQUEZ**

**2/07/03 305-468-9357**

CR2E037 (10/02)