


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90027 023 ****61.25

DOCUMENT # N06000004311 1. Entity Name COSTA ATLANTICA COMMUNITY & CONSERVATION, INC.					
Principal Place of Business 236 GUAVA AVENUE MARATHON, FL 33050			Mailing Address 236 GUAVA AVENUE MARATHON, FL 33050		
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	4. FEI Number 57-123-4770	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IAROCCHI, ANTHONY 236 GUAVA AVENUE MARATHON, FL 33050			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P IAROCCHI, ANTHONY 236 GUAVA AVE MARATHON, FL 33050 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BORAGINE, RALPH 87200 OVERSEAS HWY - B-10 ISLAMORADA, FL 33038 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BORAGINE, RALPH 10 TARPON LANE CHARLESTOWN, RI 02813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLER, BRIAN 30268 POINCANA RD BIG PINE KEY, FL 33043 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILMOT, FIONA 30268 POINCANA RD BIG PINE KEY, FL 33043 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED TURNER, BUFFY 805 OCEAN RD STUART, FL 34996 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED TURNER, BUFFY 505 N. 20th Avenue #6 Hollywood, FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <i>please see attachment for five additional directors</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: Tony Iarocci <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			25 April 2007 305 942 1577 <small>Date Daytime Phone #</small>		

ATTACHMENT

2007 Not-For-Profit Corporation Annual Report

40095354

DOCUMENT # N06000004311

Attachment: Additional Officers and Directors

10. (continued)

TITLE Director
NAME Dr. Kenyon Lindeman
STREET ADDRESS 485 Glenwood Avenue
CITY-ST-ZIP Satellite Beach, FL 32937

TITLE Director
NAME Ingrid Cutberth
STREET ADDRESS Barrio 4 de Mayo, Costa Sur del Estadio Municipal
CITY-ST-ZIP Pearl Lagoon, RAAS Nicaragua

TITLE Director
NAME Pedro Ordonez
STREET ADDRESS Barrio Primero de Mayo, Contiguo a la Iglesia Morava
CITY-ST-ZIP Pearl Lagoon, RAAS Nicaragua

TITLE Director
NAME Nicol Drysdale
STREET ADDRESS Anastasia's
CITY-ST-ZIP Corn Island, RAAS Nicaragua

TITLE Director
NAME Roberto Tallboy Clemente
STREET ADDRESS Front Side, South End
CITY-ST-ZIP Little Corn Island, RAAS Nicaragua