FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # N09794 (1)

COSTA BRAVA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business		Mailing Address	Mailing Address		r reskindt bli dding hally halle fêlih elêl draft étêtt elêli étêtt étêtt étêtt étêtt étêtt étêtt idet
3012 GREENS AVE		3022 GREENS AVE.			3. Date Incorporated or Qualified
ORLANDO FL 32804-3728		ORLANDO FL 32804-3728 US			06/17/1985
100		05			4. FEI Number Applied For
0.0::-	7.6	1 4 14 19 4 4 11 1			26-3132816 Not Applicable
2. Principal Place of Business		2a. Mailing Address	26. Mailing Address		Certificate of Status Desired Sa.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22		27	27		Trust Fund Contribution Added to Fees
City & State		City & State	City & State		7. Is this nonprofit corporation a homeowners association?
23		28			☐ Yes ☐ No
Zıp 24	Country	2ip	Zip Country		This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24]	25 9. Name and Address of Curre		30		10. Name and Address of New Registered Agent
			8	Name	6
GRAY, LESLIE B			8	Street	et Address (P.O. Box Number is Not Acceptable)
3012 GREENS AVE					
ORLANDO FL 32804			8:	3	
<u> </u>			8	City	85 Zip Code
11 Pursuant to the provisions of Sections 617 0502 and 617 1508 Florida Statutes, the et				(e-name)	od cornoration submits this statement for the purpose of changing its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered a	<u> </u>	: Registered A	ent signatur	ure required when reinstating) DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DODADY MOVE	☐ DELETE	1.1 TITLE		Change Addition
NAME			1.2 NAME		
STREET ADDRESS	3020 GREENS AVE ORLANDO FL		1	T ADDRESS	;
CITY-ST-ZIP TITLE	T T	☐ DELETE	1.4 CITY- 2.1 TITLE	ST-ZIP	Change Addition
NAME	KINNEY, KRISTEN		2.2 NAME		D Statistics
STREET ADDRESS	3010 GREENS AVE.			T ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY		` ` '
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	MILLER, JIM		3.2 NAME		
STREET ADDRESS	3016 GREENS AVE.		3.3 STREE	T ADDRESS	s
CITY-ST-ZIP	ORLANDO FL 32804	<u>.</u>	3.4. CITY	ST-ZIP	
TITLE	PD	☐ DELEXE	4.1 TITLE		Change Addition
NAME	GRAY, LESLIE B		4. 2 NAME		
STREET ADDRESS	3012 GREENS AVE		4.3 STREE	T ADDRESS	;
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-	ST-ZIP	
TITLE	D	DELETE	5.1 TITLE		D Change Addition
NAME	MCLAUGHLIN, DEBORAH		5.2 NAME		Friedman, Jaques 2000000000000000000000000000000000000
STREET ADDRESS	3014 GREENS AVE			T ADDRESS	DOIT GREENS AVE
CITY-ST-ZIP	ORLANDO FL	T SP. 69F	5.4 CITY	ST-ZIP	orlando, FL 32804-3728
TITLE		☐ DELETE	6.1 THTLE	 -	D Change Maddition
NAME	NOTE! Mailing	Address 19			Berman, Ron
STREET ADDRESS	P.O. Box (5)	10551	6.3 STREE	T ADDRESS	1 478 Bullard Dr. HIB

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CITY-ST-ZIP

FILED

Apr 17 1998 8:00am

Secretary of State