FILE NOW: FILING FEE IS $61.25

FILED
Apr 13, 1999 8:00 am
Secretary of State
04-13-1999 90062 002 ****61.25

0016911

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N09794**

1. Corporation Name
COSTA BRAVA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3012 GREENS AVE ORLANDO FL 32804-3728 US	3022 GREENS AVE. ORLANDO FL 32804-3728 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/17/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 26-3132816 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRAY, LESLIE B 3012 GREENS AVE ORLANDO FL 32804	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	T	☒ Change ☐ Addition
NAME	OGRADY, VICKIE		1.2 NAME		
STREET ADDRESS	3020 GREENS AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	KINNEY, KRISTEN		2.2 NAME		
STREET ADDRESS	3010 GREENS AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, JIM		3.2 NAME		
STREET ADDRESS	3016 GREENS AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		3.4. CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GRAY, LESLIE B		4. 2 NAME		
STREET ADDRESS	3012 GREENS AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FRIEDMAN, JAQUES		5.2 NAME		
STREET ADDRESS	3014 GREENS AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	BERMAN, RON		6.2 NAME	Shane Z. Spak	
STREET ADDRESS	P.O. BOX 510551		6.3 STREET ADDRESS	3018 Greens Ave	
CITY-ST-ZIP	MELBOURNE FL 32951		6.4 CITY-ST-ZIP	Orlando, FL 32804-3728	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Leslie B. Gray 1/18/99 (407) 839-5820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #