

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09794

1. Entity Name

COSTA BRAVA CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90065 003 ****61.25

Principal Place of Business 3012 GREENS AVE ORLANDO FL 32804-3728 US	Mailing Address 3022 GREENS AVE. ORLANDO FL 32804-3728 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 26-3132816	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GRAY, LESLIE B
3012 GREENS AVE
ORLANDO FL 32804

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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
Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME STREET ADDRESS CITY-ST-ZIP OGRADY, VICKIE 3020 GREENS AVE ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Dobey, Kristen	☐ Change ☐ Addition
D NAME STREET ADDRESS CITY-ST-ZIP KINNEY, KRISTEN 3010 GREENS AVE. ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
D NAME STREET ADDRESS CITY-ST-ZIP MILLER, JIM 3016 GREENS AVE. ORLANDO FL 32804	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
PD NAME STREET ADDRESS CITY-ST-ZIP GRAY, LESLIE B 3012 GREENS AVE ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D NAME STREET ADDRESS CITY-ST-ZIP FRIEDMAN, JAQUES 3014 GREENS AVE ORLANDO FL 32804	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D NAME STREET ADDRESS CITY-ST-ZIP SPAK, SHANA Z 3018 GREENE AVE ORLANDO FL 32804-3728	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Leslie B. Gray 1/24/00 407 246-2754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)