

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N09794

1. Entity Name

COSTA BRAVA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**3022 GREENS AVE.
ORLANDO, FL 32804-3728 US**

Mailing Address

**3022 GREENS AVE.
ORLANDO, FL 32804-3728 US**



02042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **26-3132816** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HERNANDEZ, HECTOR P
3020 GREENS AVE.
ORLANDO, FL 32804**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **ERNANDEZ, HECTOR**
STREET ADDRESS **3020 GREENS AVE**
CITY-STATE-ZIP **ORLANDO, FL 32804**

TITLE **VP**
NAME **MILLER, JAMES**
STREET ADDRESS **3016 GREENS AVE.**
CITY-STATE-ZIP **ORLANDO, FL 32804**

TITLE **TR**
NAME **DELROSSO, JOHN**
STREET ADDRESS **3016 GREENS AVE.**
CITY-STATE-ZIP **ORLANDO, FL 32804**

TITLE
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1100000441561
03/07/06 80009-001 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/06 (407) 415-3439
Date Day/Time Phone #