2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mar 03, 2003 8:00 am § Secretary of State **DOCUMENT # N09794** 1. Entity Name 03-03-2003 90476 037 ****61.25 COSTA BRAVA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 3022 GREENS AVE. 3012 GREENS AVE ORLANDO FL 32804-3728 ORLANDO FL 32804-3728 Tal Place of Busin Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 26-3132816 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRAY, LESUE B Street Address (P.O. Box Number **3012 GREENS AVE** ORLANDO FL 32804 8. The above named entity s ubmits 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 age SIGNATURE ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. \Box Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE ☐ Change ☐ Addition NAME OGRADY, VICKIE NAME STREET ADDRESS 3020 GREENS AVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32804 CITY-ST-ZIP Delete TITLE Change Addition **DUBEY, KRISTEN** NAME STREET ADDRESS 3010 GREENS AVE. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32804 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME MILLER, JIM NAME STREET ADDRESS 3016 GREENS AVE. STREET ADDRESS CITY-ST-7IP ORLANDO FL 32804 CITY-ST-ZIP TITLE 🛮 Delete TITLE Change Addition GRAY, LESLIE B NAME NAME STREET ADDRESS 3012 GREENS AVE STREET ADDRESS CITY-ST-ZIP Orlando Fl 32804 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition FRIEDMAN, JAQUES NAME NAME STREET ADDRESS 3014 GREENS AVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32804 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition

ORLANDO FL 32804-3728 12. I hereby certify that the information supplied with this filling 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 receive 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 v with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

GIORDANO, PAUL M

3018 GREENS AVE

FILED