2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N18705

1. Entity Name
CLUB LA COSTA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13250 SW 135 AVE	13250 SW 135 AVE
MIAMI, FL 33186 US	MIAMI, FL 33186 US

DO NOT WRITE IN THIS SPACE

03122007   No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
65-0026516	Not Applicable

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

6. Name and Address of Current Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES, FL 33134

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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, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EDWARDS, BRAD
STREET ADDRESS	8414 SW 208 ST
CITY-ST-ZIP	MIAMI, FL 33189

TITLE	SD
NAME	BAER, ROBERT
STREET ADDRESS	8401 SW 209 ST
CITY-ST-ZIP	MIAMI, FL 33189

TITLE	VP
NAME	IRIZARRY, WILLIAM
STREET ADDRESS	20994 SW 34 AVE
CITY-ST-ZIP	MIAMI, FL 33189

TITLE	D
NAME	BRUNT, SAMUEL
STREET ADDRESS	8408 SW 208 ST
CITY-ST-ZIP	MIAMI, FL 33189

TITLE	TD
NAME	GATES, THOMAS
STREET ADDRESS	8415 SW 208 TERRACE
CITY-ST-ZIP	MIAMI, FL 33189

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/30/07-80094-011 70.00

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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: *E. Brad Edwards, Pres.* E. Brad Edwards 3-20-07 305-254-3888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #