


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90014 015 ****61.25

DOCUMENT # N19896	
1. Entity Name COSTA NORTE HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 2580 SYKES CREEK DRIVE MERRITT ISLAND FL 32953	Mailing Address 2580 SYKES CREEK DRIVE MERRITT ISLAND FL 32953
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2. Principal Place of Business - No P.O. Box # 2565 SYKES CREEK DR. P.O. BOX 542902	3. Mailing Address Suite, Apt. #, etc.
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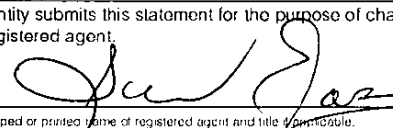
1st MOORE CR2E037 (10/06)

City & State MERRITT ISLAND FL	City & State MERRITT ISLAND FL
Zip 32953	Country FLORIDA

4. FEI Number 59-2870379	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent EASTLING, SUE 2581 SYKES CREEK DRIVE MERRITT ISLAND FL 32953	
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7. Name and Address of New Registered Agent Name SUE EASTLING Street Address (P.O. Box Number is Not Acceptable) 2565 SYKES CREEK DR City MERRITT ISLAND FL Zip Code 32953	
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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 (non-transferable). (NOTE: Registered Agent signature required when reinstating)	DATE 3-9-07

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD BECKER, KRISTEN 2566 SYKES CREEK DRIVE MERRITT ISLAND FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T EASTLING, SUE 2565 SYKES CR DRIVE MERRITT ISLAND FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S TAYLOR, PATRICIA 2567 SYKES CR DRIVE MERRITT ISLAND FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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	SUE EASTLING TREASURER Date	3-5-07 Daytime Phone #
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