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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 29, 2008 8:00 am Secretary of State

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DOCUMENT # N9300001995 1. Entity Name COSTA BRAVA PROPERTY OWNERS ASSOCIATION, INC.						0195 025 ****6	1.25
Principal Place 951 BROKEN SUITE 250 BOCA RATON	I SOUND PKY 9	ailing Address 51 BROKEN SOUND PKY UITE 250 OCA RATON, FL 33487	US	40106	126 		
2 Principal Place of Business - No P.O. Box # 3. Mailing Address 1901 S. CONSTRUCTION 1901 S.			KIRSS AU				
Suite, Apt. #, etc. Suite Apt. #, etc.			ð .	05232008 Ch	g-NP	CR2E037 (12/06)	
BOYNI	m brach, FLB	City & State DYNTON BeC	ich, El	4. FEI Number 65-041212	5		oplied For ot Applicable
3342	La USA	33426	Country	5. Certificate of Sta		S8.75 Add Fee Require	
	6. Name and Address of Current Regis	tered Agent/	Name 2	7. Name and Addr	ess of New Re	gistered Agent	Da
COMMUNITY ASSOCIATION SERVICES, INC. 951 BROKEN SOUND PKWY.				S (P.Q. Box Number in)	Onast ot Acceptable	MENT IS	<u>. </u>
SUITE 250 BOCA RATON, FL 33487			25/11	D 1180			
			City BO	Vator Bea	ch	FL ZipCod	249/2
	named entity submits this statement for the pions of registered agent.	ourpose of changing its re-	gistered office or reg	stered agent, or both, in t	he State of Flori	da. I am familiar with,	and accept
	5-1/2			~- -		to slox	•
SIGNATURE	Signature speed or printed name of registered agent and title	if applicable. (NOTE: R	egistered Agent signature req	quired when reinstating)		1/23/08	·
<u></u>	Filing Fee is \$61.25	9. Election Camp	aign Financing	\$5.00 May Be		ke check payable t	
Di	Filing Fee is \$61.25 ue by September 12, 2008	9. Election Camp. Trust Fund Cor	aign Financing htribution.	\$5.00 May Be Added to Fees	Florid	ke check payable t la Department of S	tate
Di	Filing Fee is \$61.25 ue by September 12, 2008 OFFICERS AND DIRECTO	9. Election Camp. Trust Fund Cor	aign Financing htribution.	\$5.00 May Be Added to Fees	Florid	ke check payable to la Department of S	tate I 10
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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 trustage 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

y Winokur

5/73/08

Date

Daytime Phone #