

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-29-2008 90195 025 \*\*\*\*61.25

<b>DOCUMENT # N93000001995</b> 1. Entity Name COSTA BRAVA PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 951 BROKEN SOUND PKY SUITE 250 BOCA RATON, FL 33487 US		Mailing Address 951 BROKEN SOUND PKY SUITE 250 BOCA RATON, FL 33487 US	
2. Principal Place of Business - No P.O. Box # 1901 S. Congress Ave Suite 480 City & State Boynton Beach, FL Zip 33426 Country USA		3. Mailing Address 1901 S. Congress Ave Suite 480 City & State Boynton Beach, FL Zip 33426 Country USA	
6. Name and Address of Current Registered Agent COMMUNITY ASSOCIATION SERVICES, INC. 951 BROKEN SOUND PKWY. SUITE 250 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name CAS Realty Management LLC Street Address (P.O. Box Number is Not Acceptable) 1901 SOUTH Congress Ave Suite 480 City Boynton Beach FL Zip Code 33426	
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:  DATE: 5/23/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARGOLIS, SEYMOUR 6433 BRAVA WAY BOCA RATON, FL 33433	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSEN, RICHARD 23426 ALZIRA CIR BOCA RATON, FL 33433	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOCHMAN, BARRY L 6438 BRAVA WAY BOCA RATON, FL 33433	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WINOKUR, TERRY 6529 COLOMERA DR BOCA RATON, FL 33433	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOSEPH, HARRIET 6386 BRAVA WAY BOCA RATON, FL 33433	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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 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.			
<b>SIGNATURE:</b> 		Terry Winokur 5/23/08 SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR	
		Date Daytime Phone #	