

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000000996 1. Entity Name THE LA COSTA OF MIAMI BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5333 COLLINS AVENUE MIAMI BEACH, FL 33140 US			Mailing Address 14275 S.W. 142 AVE. MIAMI, FL 33186 US		
2. Principal Place of Business		2. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0639960	
5. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting)					
Filing Fee is \$81.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE	President ☐ Delete		TITLE	☐ Change	
NAME	LUIS VILLANI		NAME		
STREET ADDRESS	5333 COLLINS AVENUE #501		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	07/19/05-80002-010 61.25	
TITLE	Vice-President ☐ Delete		TITLE	☐ Change	
NAME	FLORINDA LUIS		NAME		
STREET ADDRESS	5333 COLLINS AVENUE # 209		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
TITLE	Treasurer ☐ Delete		TITLE	☐ Change	
NAME	CARLOS BENITEZ		NAME		
STREET ADDRESS	5333 COLLINS AVENUE #709		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
TITLE	Secretary ☐ Delete		TITLE	☐ Change	
NAME	MARIA ELENA NEGRIN		NAME		
STREET ADDRESS	5333 COLLINS AVENUE #1406		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
TITLE	Assistant Secretary ☐ Delete		TITLE	☐ Change	
NAME	PAUL SISKI		NAME		
STREET ADDRESS	5333 COLLINS AVENUE #1108		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 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 11, changed, or on an addendum with an address, with all other like empowered.

MARIA ELENA NEGRIN
 SECRETARY

7/15/05