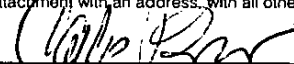


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90012 005 ****61.25

DOCUMENT # N97000000996 1. Entity Name THE LA COSTA OF MIAMI BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5333 COLLINS AVENUE MANAGEMENT OFFICE MIAMI BEACH, FL 33140 US			Mailing Address 5333 COLLINS AVE. MANAGEMENT OFFICE MIAMI BEACH, FL 33140 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0639960	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. 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, 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)					
Filing Fee is \$61.25 Due by May 1, 2008		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 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARIN, STEVE 5333 COLLINS AVENUE #205 MIAMI BEACH, FL 33140	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERNANDEZ, GLORIA 5333 COLLINS AVENUE #401 MIAMI BEACH, FL 33140	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SISKA, PAUL 5333 COLLINS AVENUE #1108 MIAMI BEACH, FL 33140	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENITEZ, CARLOS 5333 COLLINS AVENUE #719 MIAMI BEACH, FL 33140	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LUIS, FLORINDA 5333 COLLINS AVENUE #209 MIAMI BEACH, FL 33140	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ 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.					
SIGNATURE: 		CARLOS BENITEZ		3/21/08 305-501-7814	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40054572



03182008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0639960

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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, 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)

**Filing Fee is \$61.25
Due by May 1, 2008**

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 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
MARIN, STEVE
5333 COLLINS AVENUE #205
MIAMI BEACH, FL 33140**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
FERNANDEZ, GLORIA
5333 COLLINS AVENUE #401
MIAMI BEACH, FL 33140**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
SISKA, PAUL
5333 COLLINS AVENUE #1108
MIAMI BEACH, FL 33140**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
BENITEZ, CARLOS
5333 COLLINS AVENUE #719
MIAMI BEACH, FL 33140**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VS
LUIS, FLORINDA
5333 COLLINS AVENUE #209
MIAMI BEACH, FL 33140**

☐ Delete

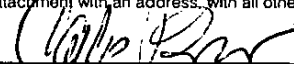
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

☐ Change ☐ 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.

SIGNATURE:  **CARLOS BENITEZ**

3/21/08 305-501-7814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 DEC 21 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40054572

12132007 Chg-NP CR2E037 (12/06)

DOCUMENT # N97000000996			
1. Entity Name THE LA COSTA OF MIAMI BEACH CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5333 COLLINS AVENUE MANAGEMENT OFFICE MIAMI BEACH, FL 33140 US		Mailing Address 5333 COLLINS AVE. MANAGEMENT OFFICE MIAMI BEACH, FL 33140 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0639960		Applied For ☐ 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 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, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.		DATE _____ (NOTE: Registered Agent signature required when renewing)	
Amended AR is \$81.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESCOLLIES, YOLANDA 5333 COLLINS AVE # 1108 MIAMI BEACH, FL 33140 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIELE MARIN 5833 Collins Ave #205 Miami Beach, FL 33140 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC GONZALEZ, JOSE M 5333 COLLINS AVE #1211 MIAMI BEACH, FL 33140 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gloria Fernandez 5333 Collins Avenue # 401 Miami Beach, FL 33140 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR URIBARRI, MARCELINO 5333 COLLINS AVENUE #1408 MIAMI BEACH, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR PAUL SISKER 5333 Collins Avenue # 1108 Miami Beach, FL 33140 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATR FRANCHI, RAFAEL 5333 COLLINS AVE # 402 MIAMI BEACH, FL 33140 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC Carlos Benitez #709 5333 Collins Avenue Miami Beach, FL 33140 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEGRIN, MARIA ELENA 5333 COLLINS AVE. #1408 MIAMI BEACH, FL 33140 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-SECRETARY Florida Luis #209 5333 Collins Avenue Miami Beach, FL 33140 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.			
SIGNATURE: _____		CARLOS BENITEZ, Sec./Mkt 12/17/07	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR		Date	

305-301-7814