2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2005
Secretary of State

DOCUMENT# N97000005143

Entity Name: COSTA VERDE COURT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 5058
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 5058
NAVARRE, FL 32566

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOUNTAIN, BETTY
1901 RUE LA FONTAINE
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FOUNTAIN, GREG
Address: 1901 RUE LA FOUNTAINE
City-St-Zip: NAVARRE, FL 32566

Title: VPD ( ) Delete
Name: NEUMANN, VLADIMIR
Address: 1976 COSTA VERDE CT.
City-St-Zip: NAVARRE, FL 32566

Title: STD ( ) Delete
Name: CAVE, JO ANN H
Address: 1988 COSTA VERDE CT.
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MCDONALD, TIM
Address: 1946 COSTA VERDE CT.
City-St-Zip: NAVARRE, FL 32566

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JO ANN H CAVE STD 03/20/2005

Electronic Signature of Signing Officer or Director — Date