2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000005143

1. Entity Name
COSTA VERDE COURT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 5058 NAVARRE, FL 32566	P. O. BOX 5058 NAVARRE, FL 32566

DO NOT WRITE IN THIS SPACE

01312008 No Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOUNTAIN, BETTY
1901 RUE LA FONTAINE
NAVARRE, FL 32566

DO NOT WRITE IN THIS SPACE

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
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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCDONALD, TIM
STREET ADDRESS	1946 COSTA VERDE CT.
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	VPD
NAME	NEUMANN, VLADIMIR
STREET ADDRESS	1976 COSTA VERDE CT.
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	STD
NAME	CAVE, JO ANN H
STREET ADDRESS	1988 COSTA VERDE CT.
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000420398
02/15/06-80055-009 61.25

DO NOT WRITE IN THIS SPACE

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: _____ 1-31-06 850-936-6451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #