

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90102 030 ****61.25

DOCUMENT # N99000002692 1. Entity Name COSTA BRAVA ASSOCIATION, INC.					
Principal Place of Business 300 ARAGON AVENUE SUITE 210 CORAL GABLES FL 33134		Mailing Address 300 ARAGON AVENUE SUITE 210 CORAL GABLES FL 33134			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0922382	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAINZOS, ROGELIO C/O GABLES PROFESSIONAL MANAGEMENT CO. 300 ARAGON AVE STE 210 CORAL GABLES FL 33134				7. Name and Address of New Registered Agent Name MAITE AZCOITIA Street Address (P.O. Box Number is Not Acceptable) 4857 NW 108th Court City Miami FL 33178	
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 <i>[Signature]</i> 3/31/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP AZCOITIA, MAITE <input type="checkbox"/> Delete 4857 NW 108TH CT. MIAMI FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KETTEL, JAMES <input checked="" type="checkbox"/> Delete 4842 NW 107TH PLACE MIAMI FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Edwardo Andrade</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 601 ALCAZAR AVE. Coral Gables, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARQUEZ, MARIANO <input type="checkbox"/> Delete 4877 NW 108TH CT. MIAMI FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Monica Villebas</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4897 N.W. 108th Pl. Miami, FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOCKHART, JOSE V <input type="checkbox"/> Delete 10861 NW 48TH LANE MIAMI FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FABREGA, EVISABEL <input checked="" type="checkbox"/> Delete 4873 NW 108TH PATH MIAMI FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/31/05		954-357-7600 <small>Daytime Phone #</small>