2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002692

Title:

Name:

Address: City-St-Zip:

Entity Name: COSTA BRAVA ASSOCIATION INC

FILED Apr 29, 2008 Secretary of State

Littly Name: COSTA BRAVA ASSOCIATION, INC.					
Current Pr	incipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
12350 SW	132 CT.				
114 MIAMI, FL	33186				
Current Ma	ailing Addres	s:	New Mailing Address:	New Mailing Address:	
12350 SW 114 MIAMI, FL					
FEI Number:	65-0922382	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ALLIED PROPERTY GROUP, INC. 12350 SW 132 CT. 114 MIAMI, FL 33186 US			5801 NW 151 ST # 305	ALFARO & FERNANDEZ 5801 NW 151 ST # 305 MIAMI LAKES, FL 33014 US	
The above in the State		submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATUR	E: YUDANI F	FERNANDEZ, ESQ		04/29/2008	
	Electron	ic Signature of Registered Ager	t	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () LOCKHART, JO 10861 NW 48 L MIAMI, FL 331	N	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VP () FRONDUTO, GI 4874 NW 107 F DORAL, FL 33	ATH	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	DS () VILLEGAS, MOI 4897 NW 108 C DORAL, FL 33	ET.	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	D () AIZCOITIA, MAI 4857 NW 108TH DORAL, FL 33	H CT.	Title: (Name: Address: Citv-St-Zip:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOSE LOCKHART PD 04/29/2008

() Delete

AGUIAR, JORGE

MIAMI, FL 33178

4897 NW 108TH PL

() Change () Addition