

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002692

FILED
Mar 27, 2009
Secretary of State

Entity Name: COSTA BRAVA ASSOCIATION, INC.

Current Principal Place of Business:

12350 SW 132 CT.
114
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12350 SW 132 CT.
114
MIAMI, FL 33186

New Mailing Address:

FEI Number: 65-0922382 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFARO & FERNANDEZ
5801 NW 151 ST # 305
MIAMI LAKES, FL 33014 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: DP () Delete
Name: LOCKHART, JOSE
Address: 10861 NW 48 LN
City-St-Zip: MIAMI, FL 33178

Title: VP () Delete
Name: FRONDUTO, GIOVANNA
Address: 4874 NW 107 PATH
City-St-Zip: DORAL, FL 33178

Title: DS () Delete
Name: VILLEGAS, MONICA
Address: 4897 NW 108 CT.
City-St-Zip: DORAL, FL 33178

Title: D () Delete
Name: AIZCOITIA, MAITE
Address: 4857 NW 108TH CT.
City-St-Zip: DORAL, FL 33178

Title: T () Delete
Name: AGUIAR, JORGE
Address: 4897 NW 108TH PL
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: AZCOITIA, MAITE
Address: 4857 NW 108 CT
City-St-Zip: DORAL, FL 33178

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

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

Title: D (X) Change () Addition
Name: AZCOITIA, INES
Address: 4878 NW 108 CT.
City-St-Zip: DORAL, FL 33178

Title: T (X) Change () Addition
Name: AGUIAR, JORGE
Address: 4850 NW 108TH PL
City-St-Zip: DORAL, FL 33178

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.

SIGNATURE: MAITE AZCOITIA

PD

03/27/2009

Electronic Signature of Signing Officer or Director

_____ Date