

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90196 007 ****61.25

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1. Entity Name
COSTA BELLA HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

12301 SW 132 CT
MIAMI, FL 33186

Mailing Address

300 ARAGON AVE
STE 205
CORAL GABLES, FL 33134

50036794



03162005 No Chg-NP

CR2E037 (10/03)

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4. FEI Number

65-0922384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEIN & MELONI
900 SW 40 AVE
FORT LAUDERDALE, FL 33317

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WATT, CARLOS
STREET ADDRESS 4851 NW 109 CT
CITY-ST-ZIP MIAMI, FL 33178

TITLE DV
NAME MILLARES, LUIS
STREET ADDRESS 11022 N.W. 48TH LANE
CITY-ST-ZIP MIAMI, FL 33178

TITLE DS
NAME ROURE, MYRNA
STREET ADDRESS 4849 N.W. 111TH AVENUE
CITY-ST-ZIP MIAMI, FL 33178

TITLE DT
NAME URIA, ROBERT
STREET ADDRESS 4890 N.W. 11TH CT
CITY-ST-ZIP MIAMI, FL 33178

TITLE D
NAME PENA, SEIVIC
STREET ADDRESS 4857 NW 111 AVE
CITY-ST-ZIP MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #