

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000011943

**Entity Name:** COSTA VERANO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1031 FIRST SRTEET SOUTH  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

POST OFFICE BOX 354441  
PALM COAST, FL 32135

**FEI Number: 20-5899761**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SOUTHERN STATES MANAGEMENT GROUP, INC.  
2 CAMINO DEL MAR  
PALM COAST, FL 32137 US

*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

**Officer/Director Detail :**

Title PD  
Name GARFINKLE, PHILLIP  
Address POST OFFICE BOX 354441  
City-State-Zip: PALM COAST FL 32135

Title VPD  
Name RAPPAPORT, MELVIN  
Address POST OFFICE BOX 354441  
City-State-Zip: PALM COAST FL 32135

Title SD  
Name TAHIRY, AKBAR  
Address POST OFFICE BOX 354441  
City-State-Zip: PALM COAST FL 32135

Title TD  
Name KEELER, ROSS  
Address POST OFFICE BOX 354441  
City-State-Zip: PALM COAST FL 32135

Title D  
Name CARON, STEVE  
Address POST OFFICE BOX 354441  
City-State-Zip: PALM COAST FL 32135

*I hereby 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 all other like empowered.*

**SIGNATURE: PHILLIP GARFINKLE**

**PRESIDENT**

**04/28/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date