FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 16 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

CACA DEL DEV COMPONIMIUM ACCOCIATION INC

CASA	DEL NET CONDOMIN	AIDIVI MOODUIMI	1014, 1140,				
Principal Place	e of Business	Mailing	Address				
	REASURE DRIVE LLAGE FL 33141		UTH TREASURE DRI BAY VILLAGE FL 33				
						3. Date Incorporated or Qualified 05/25/1973	3a. Date of Last Report 03/21/1996
2. Principal Pl	lace of Business	 	2a. Malling Address			4. FEI Number 59-1576930	Applied For Not Applicable
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State	n	27 City	City & State			& Floring Compains Financias	Fee Required
23	6	— <u> </u>	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip		Country		8. This corporation has liability for	······································
24	25	29	3	10		Florida Statutes	Yes No
	9. Name and Address of	of Current Registered	Agent			10. Name and Address of New Re	gistered Agent
				81	Name	14 Slmon	
KINDLARSKI, KATE 8:					Street Addre	essi(P.O. Box Number is Not Ac cepta l	(a) # 201
1820 S. TREASURE DR.				83	1820		De #306
N. BAY VILLAGE FL 33141							
ii				11	City	BAY VILL AGE	FL 85 Zip Code 33/4/
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered							
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE	DIAM (VIINO	21			•	4/28/77
	Straythre, typed or profed name of re				signature require	ed when reinstating)	DATE / /
12.	√	CEAS AND DIRECTOR	S DELETE	13.		ADDITIONS/CHANGES TO OFFI	Change Addition
TITLE	TD		☐ pereie	1.1 TITLE *	7 D-L	EYLA COLE _ 1	La Charge La Addition
NAME	KINDLARSKI, KATE	ID.		1.2 NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8 20 ITLEASURE 18.	907
STREET ADDRESS	1820 S TREASURE D			1.3 STREET A	1 4	1 Bay VILLAGE	FX 22 W1
CITY - ST - ZIP	N BAY VILLAGE, FL (SD	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	1.4 City-St- 2.1 Title		15 15	Change Addition
TITLE			C DEECE	2.1 IIILE 2.2 NAME	5 4-(HEISTING MORIE	
NAME STREET ADDRESS	KOZIAL, KERRY 1820 S TREASURE D	.D		2.3 STREET A	D00000 *	BLES. ILEASURE L	R #201
	N BAY VILLAGE, FL (2.4 CITY-ST		J.BAY Y, WAGE F	1. 22141
CITY-ST-ZIP TITLE	PD	J0000	DELETE	3.1 TITLE	P-	D /	Change Addition
NAME	JACOBSEN, LARRY			3.2 NAME		This FAZZ	
STREET ADDRESS	1820 S TREASURE D	ın.		3.3 STREET A	nnpree	PLAS TREASURETY	0/
CITY - ST - ZIP	N. BAY VILLAGE FL	11		3.4. CITY-SI	1	NA BANDARE	H.38HI
TITLE	D		DELETE	4.1 TITLE		DOZIO LANGUE	➤ Change
NAME	FELDMAN, SHIRLEY			4. 2 NAME		MOBERT LAMONS	
STREET ADDRESS	1820 S TREASURE D	R STE 208		4.3 STREET A	nnress /	OSE S TREASURE D	709
CITY-ST-7IP	N BAY VILLAGE, FL (4.4 CiTY - ST	7iP	N.BAY Y. LLACE, 1	1. 33/4/
TITLE	VD		DELETE	5.1 TITLE	-	T. S. 1. 51	Change Addition
NAME	RANKIN, JUNE			5.2 NAME	N N	July July	704
STREET ADDRESS	1820 S. TREASURE (OR.		5.3 STREET A	DDRESS /	1820 3. IKEASURYH	200
CITY-ST-ZIP	N. BAY VILLAGE FL			5.4 CITY-ST	.7IP	TUDY SIMEN 1820 S. TREASURD#. LI. BAY Y.LLAGE, F	1. 33/41
TITLE	14 pr 11 7 bb 1 5 mb 1 b		DELETE	6.1 TITLE			Change Addition
NAME				6.2 NAME			• —
STREET ADDRESS				6.3 SYREET A	DORESS	:	

6.4 CITY - ST - ZIP 14. I do 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 annual report or supplemental annual 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