

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 09, 1999 8:00 am**  
**Secretary of State**

06-09-1999 90032 040 \*\*\*\*61.25

DOCUMENT # 726507

1. Corporation Name

CASA DEL REY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1820 SOUTH TREASURE DRIVE  
NORTH BAY VILLAGE FL 33141

2. Principal Place of Business

2a. Mailing Address

21 1820 SO TREAS. DR

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #401/306

27 #401/306

City & State

City & State

23 NO. BAY VILLAGE FL

28 SAME

Zip Country

Zip Country

24 33141 25 USA

29 SAME 30

3. Date Incorporated or Qualified

5-25-1973

4. FEI Number

59-157-6930

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARD ROLNICK  
\* (Same Address) #403

81 Name

JIM FAZIO #401

82 Street Address (P.O. Box Number is Not Acceptable)

1820 SO. TREASURE DRIVE.

83

84 City

NORTH BAY VILLAGE FL

85 Zip Code

33141

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT / DIR ☐ DELETE

NAME JIM FAZIO #401

STREET ADDRESS \*(SAME)

CITY-ST-ZIP

TITLE VICE PRESIDENT / DIR ☐ DELETE

NAME JUDY SIMON #306

STREET ADDRESS \*(SAME)

CITY-ST-ZIP

TITLE DIRECTOR ☐ DELETE

NAME RICHARD ROLNICK

STREET ADDRESS \*(SAME) #403

CITY-ST-ZIP

TITLE DIRECTOR ☐ DELETE

NAME ROBERT LAMONS

STREET ADDRESS \*(SAME) #404

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 appears in Block 12 or Block 13 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 #

6-2-99

305 864-1112

CR2E037 (1/98)