

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # 726507

1. Entity Name

CASA DEL REY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1820 SOUTH TREASURE DRIVE
NORTH BAY VILLAGE FL 33141

Mailing Address

1820 SOUTH TREASURE DRIVE
NORTH BAY VILLAGE FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1576930

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

MOORE

CR2E037 (11/03)



6. Name and Address of Current Registered Agent

ROLNICK, RICHARD
1820 S TREASURE DR
403
N. BAY VILLAGE FL 33141

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME FAZIO, ISABELLE
STREET ADDRESS 1820 S TREASURE DR 306
CITY-ST-ZIP N BAY VILLAGE FL 33141

TITLE D ☐ Delete
NAME HODES, ELIZABETH F
STREET ADDRESS 1820 S TREASURE DR 401
CITY-ST-ZIP N BAY VILLAGE FL 33141

TITLE D ☐ Delete
NAME LAMONS, ROBERT
STREET ADDRESS 1820 S TREASURE DR 404
CITY-ST-ZIP N. BAY VILLAGE FL 33141

TITLE ST ☐ Delete
NAME ROLNICK, RICHARD
STREET ADDRESS 1820 S TREASURE DR 403
CITY-ST-ZIP N BAY VILLAGE, FL 00000 33141

TITLE D ☐ Delete
NAME SIMON, JUDY
STREET ADDRESS 1820 S. TREASURE DR
CITY-ST-ZIP N. BAY VILLAGE FL 33141

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 00000066225
CITY-ST-ZIP 02/26/04-90006-009 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Richard S. Rolnick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #