2003 NOT-FOR-PROFIT CORPORA

UNIFU	_ Ap	1 47, 40				
DOCUMENT 1. Entity Name				A	ecretary 4-24-2003 901 44	
CASA DEL REY C	UNDOMINIUM ASS	SUCIATION, INC.				
Principal Place of Busine	ss	Mailing Address				
1820 SOUTH TREASURE DRIVE NORTH BAY VILLAGE FL 33141		1820 SOUTH TREASURE NORTH BAY VILLAGE F		1	1012407	
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address		4. FEI Number 59-1576930		
		Suite, Apt. #, etc.				
		City & State				
Zip	Country	Zip	Country	5. Certificate of Status Desired		
6. Nam	e and Address of Curre	nt Registered Agent		7. Name and Addre	ess of New Registered	
DOLLHOU DIGILADE			Name			
ROLNICK, RICHARD 1820 S TREASURE			Street Address	s (P.O. Box Number is No	nt Acceptable)	
403						
N. BAY VILLAGE FL	. 33141		City	F		
8. The above named enti	ity submits this statemen	t for the purpose of changing	its registered office or regist	tered agent, or both, in th		
the obligations of regis	stered agent.	. To the perpose of changing	no registered office of regist	acted again, or boar, in a	is state of Florida. Fair	
SIGNATURE						
SIGNATURESignature, type	d or printed name of registered ag	ent and title if applicable. (N	IOTE: Registered Agent signature requi	red when reinstating)	DATE	
			100 11 100			
FILE NOV	V: FEE IS \$61.25		Campaign Financing d Contribution.	\$5.00 May Be Added to Fees	Make Che Florida Depa	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND D	
NAME FAZIO, IS	ARELLE	Delete	- TITLE		سيريصيط جادات	
	REASURE DR 306		NAME STREET ADDRESS			

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2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.			, CHECK HERE IF MAKIN	IG CHANGES	i		
City & Stat	te	City & State	City & State		4. FEI Number 59	_ 	pplied For ot Applicable	7		
Zip	Country	Zip	Country		5: Certificate of Status Desired			Iditional	1	
	6. Name and Address of Current	L Registered Agent			7. Name and Add	ress of New Registered			-	
			N	Name						
ROLNICK, RICHARD 1820 S TREASURE DR 403				Street Address (P.O. Box Number is Not Acceptable)						
N. BAY V	/ILLAGE FL 33141		-	ity		F i	Zip Cod	le	1	
8. The above the obligat	e named entity submits this statement fortions of registered agent.	or the purpose of changing	its registered o	ffice or registe	ered agent, or both, in t		_	and algoept		
SIGNATURE								₹		
	Signature, typed or printed name of registered agent	t and title if applicable. (N	OTE: Registered Age	nt signature require	d when reinstating)	DATE				
			ampaign Finan d Contribution.							
10.	OFFICERS AND DI		11.	,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FAZIO, ISABELLE 1820 S TREASURE DR 306 N BAY VILLAGE FL 33141	Delete	NAME STREET AD CITY-ST-Z	l l		سيرين و المساورة	- = □ Change =	- Addition	F037 (10/02)	
TITLE NAME STREET ADDRESS* CITY-ST-ZIP	D HODES, ELIZABETH F 1820 S-TREASURE DR: 401 N BAY VILLAGE FL 33141	☐ Delete	TITLE NAME STREET AD CITY-ST-2				☐ Change	Addition	S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMONS, ROBERT 1820 S TREASURE DR 404 N. BAY VILLAGE FL 33141	☐ Delete	TITLE NAME STREET AD CITY-ST-Z				☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROLNICK, RICHARD 1820 S TREASURE DR 403 N BAY VILLAGE, FL 00000 3314	☐ Delete	TITLE NAME STREET AD CITY-ST-Z	1			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMON, JUDY 1820 S. TREASURE DR N. BAY VILLAGE FL 33141	` Delete	TITLE NAME STREET ADI CITY-ST-Z	1			☐ Change	☐ Addition		
ITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADI CITY-ST-Z				☐ Change	☐ Addition		
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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: