2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#738099

Entity Name: CASA DEL MAR #1 CONDOMINIUM ASSOCIATION, INC.

FILED Apr 22, 2003 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 10033 9TH STREET NORTH, 2ND FLOOR ST PETERSBURG, FL 33716 **Current Mailing Address: New Mailing Address:** 10033 9TH STREET NORTH, 2ND FLOOR ST PETERSBURG, FL 33716 FEI Number: 59-1759785 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAMPART PROPERTIES, INC 10033 9TH STREET NORTH, 2ND FLOOR ST PETERSBURG, FL 33716 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MALPIGLI, JOSEPH MR Name: Name: 10039 9TH STREET NORTH Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33716 City-St-Zip: Title: Title: SD (X) Change () Addition () Delete COUVE, CARL Name: TALAGA, SUSAN Name: Address: 10033 9TH ST N 2ND FL Address: 10033 9TH ST N 2ND FL City-St-Zip: ST PETERSBURG, FL 33716 City-St-Zip: ST PETERSBURG, FL 33716 Title: () Delete Title: VPD (X) Change () Addition KNEE, RONALD KNEE, RONALD Name: Name: 10033 9TH ST N 2ND FL 10033 9TH ST N 2ND FL Address: Address: City-St-Zip: ST PETERSBURG, FL 33716 City-St-Zip: ST PETERSBURG, FL 33716 Title: () Delete Title: () Change () Addition RUSSO, NICK Name: Name: Address: 10033 9TH ST N 2ND FL Address: City-St-Zip: ST PETERSBURG, FL 33716 City-St-Zip: Title: () Delete Title: (X) Change () Addition REHGAN, JAMES MR ECKHOLM, DALE MR Name: Name: 10033 9TH. ST. N., 2ND FLR 10033 9TH, ST, N., 2ND FLR Address: Address: SAINT PETERSBURG, FL 33716 City-St-Zip: City-St-Zip: SAINT PETERSBURG, FL 33716 Title: () Delete Title: () Change () Addition BERESFORD, JIM Name: Name: Address: 10033 9TH ST N 2ND FL Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JOSEPH MALPIGLI PD 04/22/2003

ST. PETERSBURG, FL 33716

City-St-Zip:

TOM CHANCE, DIRECTOR 10033 NINTH STREET NORTH ST. PETERSBURG, FL 33716-3804