

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739901

FILED
Mar 02, 2009
Secretary of State

Entity Name: CASA PRIMA APARTMENTS ASSOCIATION, INC.

Current Principal Place of Business:

1859 SHORE DR. S.
S. PASADENA, FL 33707

New Principal Place of Business:

1859 SHORE DR. S.
S. PASADENA, FL 33707

Current Mailing Address:

7501 CUMBERLAND RD #24
LARGO, FL 33777

New Mailing Address:

1859 SHORE DR. S.
S. PASADENA, FL 33707

FEI Number: 59-1892891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, BONNIE
7501 CUMBERLAND RD #24
LARGO, FL 33777 US

Name and Address of New Registered Agent:

SANDERS, BONNIE
1859 SHORE DR. S.
109
S. PASADENA, FL 33707 US

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

03/02/2009

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KNOLL, DAVID
Address: 3902 MARTIN RD.
City-St-Zip: PLAINFIELD, IN 46168

Title: D () Delete
Name: SANDERS, BERNARD
Address: 7501 CUMBERLAND RD #24
City-St-Zip: LARGO, FL 33777

Title: D () Delete
Name: PIERCE, SKIP
Address: 8540 BARDMOOR PLACE
City-St-Zip: LARGO, FL 33777

Title: S () Delete
Name: PIERCE, SHELLEY
Address: 8540 BARDMOOR PLACE
City-St-Zip: LARGO, FL 33777

Title: D (X) Delete
Name: PLANTE, AMY
Address: 1859 SHORE DR. S. #109
City-St-Zip: S. PASADENA, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ENLOW, EUGENE C
Address: 5392 SANDHAMN PL.
City-St-Zip: LONG BOAT KEY, FL 34228

Title: D (X) Change () Addition
Name: SAVINO, MICHAEL
Address: 15 MARIA COURT
City-St-Zip: WADING RIVER, NY 11792

Title: S (X) Change () Addition
Name: FEZY, MELISSA
Address: 10220 80TH ST.
City-St-Zip: PLEASANT PRAIRIE, WI 53158

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: BONNIE SANDERS

Electronic Signature of Signing Officer or Director

AGEN

03/02/2009

Date