

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739901

FILED  
Mar 21, 2011  
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:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
1859 SHORE DR. S.  
109  
S. PASADENA, FL 33707 US

**Name and Address of New Registered Agent:**

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:**

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

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

Title: D  
Name: FEZY, MELISSA  
Address: 10220 80TH ST.  
City-St-Zip: PLEASANT PRIARIE, WI 53158

Title: S  
Name: BATES, KAY  
Address: 1859 SHORE DR. S. #210  
City-St-Zip: S. PASADENA, FL 33707

Title: D  
Name: SANDERS, DAVID  
Address: 6 WILLOW CT.  
City-St-Zip: NEWNAN, GA 30263

I hereby 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 all other like empowered.

SIGNATURE: BONNIE SANDERS

AGEN

03/21/2011

Electronic Signature of Signing Officer or Director

Date