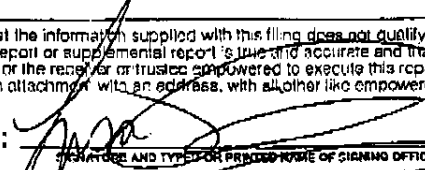


FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90072 009 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 759375 1. Entity Name CASABLANCA EAST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2635 SW 35TH PL. #2008 GAINESVILLE, FL 32608-3276			Mailing Address 2635 SW 35TH PL. #2008 GAINESVILLE, FL 32608-3276		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MACOR REALTY, INC. 10404 SW 24TH AVE. GAINESVILLE, FL 32607				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 the 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 file if applicable (NOTE: Registered Agent signature required when relocating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	☐ Delete			
NAME	ZEIGLAR, MICHELLE				
STREET ADDRESS	2635 SW 35 PLACE #307				
CITY-ST-ZIP	GAINESVILLE, FL 32608				
TITLE	TD	☐ Delete			
NAME	LUKOSKI, RUTH				
STREET ADDRESS	2635 SW 35 PL #705				
CITY-ST-ZIP	GAINESVILLE, FL 32608				
TITLE	D	☒ Delete			
NAME	LUNDEEN, JEFFERY				
STREET ADDRESS	2635 SW 35 PL #2003				
CITY-ST-ZIP	GAINESVILLE, FL 32608				
TITLE	PD	☐ Delete			
NAME	KAPLAN, ALBERT				
STREET ADDRESS	2635 SW 35 PL #606				
CITY-ST-ZIP	GAINESVILLE, FL 32608				
TITLE	VP	☐ Delete			
NAME	VAN NORSTRAND, JAMES				
STREET ADDRESS	2635 S.W. 35 PL. #207				
CITY-ST-ZIP	GAINESVILLE, FL 32608				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 113, 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:  Lisa Benning 4-28-06 352-331-7161 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40089344



03272008 Chg-NP CR2E037 (11/05)

 4. FEI Number
59-2149024

 Applied For
 Not Applicable

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

Zip Code